

Case Number:	CM15-0129999		
Date Assigned:	07/16/2015	Date of Injury:	01/09/2004
Decision Date:	09/14/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/06/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, Michigan
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 47 year old female, who sustained an industrial injury on January 9, 2004. She reported shoulder, elbow and wrist pain. The injured worker was diagnosed as having Impingement syndrome of the shoulder on the left, status post decompression, distal clavicle excision with second surgery to do manipulation under anesthesia, cubital tunnel syndrome on the left and right status post bilateral release, epicondylitis, wrist joint inflammation and cervical strain. Treatment to date has included diagnostic studies, surgical interventions of the shoulder and bilateral wrists, conservative care, medications and work restrictions. Currently, the injured worker complains of bilateral shoulder, bilateral elbows and bilateral wrist pain with associated tingling and numbness, worse with cold weather and overhead reaching. The injured worker reported an industrial injury in 2004, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on August 7, 2014, revealed continued pain as noted. She also reported sleep disruptions and depression secondary to pain. It was noted she was able to do household chores. No visual analog scale was noted. She was using pain medication and patches for pain. It was reported she was not working. Evaluation on October 7, 2014, revealed continued symptoms as noted. Physical therapy was recommended and medications were continued including Tylenol #4, Flexeril, naproxen, gabapentin and LidoPro lotion. There was no visual analog scale (VAS) to rate the pain noted. Evaluation on May 14, 2015, revealed continued pain as noted with associated symptoms. No VAS was noted. Flexeril 10mg #60, Lidoderm patches 5% #60, Physical therapy for the upper extremities #12 and Tylenol #4 Qty: 120 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Tylenol #4 Qty: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the California (CA) MTUS Guidelines Tylenol #4 is an opioid. CA MTUS recommends short-term use of opioids after a trial of a first line oral analgesic has failed. During the extended period of time the injured worker used Tylenol #4, no functional improvement, improved pain or increase in activity level was documented. It was noted the injured worker continued to have pain during the period of time while using Tylenol #4. There were no noted visual analog scales (VAS) to rate pain in the visit notes. There was no baseline pain assessment and no continued pain assessments. Based on the information noted in the provided documentation, the request for Tylenol #4 Qty: 120 is not medically necessary.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 63-66.

Decision rationale: According to California (CA) MTUS Guidelines Cyclobenzaprine (Flexeril) is a second line treatment secondary to high risk of adverse events. Flexeril is recommended for short-term use and to treat acute exacerbations or flare-ups. It was reported the injured worker had been using this medication for over a year with no noted improvement in functionality or the ability to perform activities of daily living and no noted decrease in pain frequency or intensity. Flexeril 10mg #60 is not medically necessary.

Lidoderm patches 5% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical patches Page(s): 56.

Decision rationale: According to the California (CA) MTUS Guidelines, Lidoderm Patches are a topical form of Lidocaine that may be recommended for localized neuropathic pain after there

has been valid data supporting a failed trial of a first-line therapy such as a tri-cyclic or SNRI antidepressant or AED. There is no documentation supporting failed trials of first-line antidepressants. In addition, it was noted the injured worker used topical creams and patches for over one year without noted functional improvement or decrease in symptoms. For these reasons, Lidoderm patches 5% #60 is not medically necessary.

Physical Therapy for Upper Extremities Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and manual therapy Page(s): 58.

Decision rationale: According to the California (CA) MTUS Guidelines, a trial period of six physical therapy visits over two weeks with noted objective functional improvement is recommended. There was no indication of previous physical therapy. The CA MTUS recommends the injured worker to complete up to 6 trial visits with objective improvements noted before continuing with additional physical therapy visits. The request for Physical Therapy for Upper Extremities Qty: 12 is not medically necessary.