

Case Number:	CM15-0174090		
Date Assigned:	09/25/2015	Date of Injury:	02/13/2013
Decision Date:	11/02/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 70-year-old female, who sustained an industrial injury on 02-13-2013. She has reported subsequent neck and bilateral upper extremity pain and was diagnosed with cervical disc displacement, degeneration of cervical disc, neck pain, carpal tunnel syndrome, tenosynovitis of hand and wrist, mood adjustment disorder and cervicobrachial syndrome. Treatment to date has included pain medication, surgery, physical therapy, massage therapy, cervical epidural steroid injection, functional restoration program (FRP) and a home exercise program. Diclofenac cream was started on 09-16-2014. At this time the injured worker had reported continuing bilateral biceps pain with stomach upset from the use of Naproxen. The physician noted that the injured worker would be weaned from Naproxen and could benefit from a topical anti-inflammatory. The weekly progress report from the FRP indicated that the injured worker was making significant progress in coping with and managing chronic pain and psychological comorbidities with the use of cognitive behavioral techniques and non-pharmacologic pain management techniques and the discharge summary from the FRP from 06-22-2015 - 06-26-2015 noted improved self-management of pain and improved affect. In a progress note dated 07-28-2015, the injured worker reported continued neck and bilateral upper extremity pain with associated numbness and tingling but indicated that massage therapy and her home exercise program helped to relieve pain. Pain severity was not rated. The injured worker continued to report depressive symptoms but denied suicidal ideation. Objective examination findings were notable for tenderness to palpation over the cervical facet joints, left greater than right with muscle tension from the cervical paraspinal muscles into the bilateral upper trapezius muscles, decreased range of motion of the cervical spine, pain with axial loading of the cervical facet joints and positive Tinel's sign of the right wrist. Work status was documented as permanent

and stationary. A request for authorization of Diclofenac 1.5% 60gm quantity requested: 1, transcutaneous electrical nerve stimulation (TENS) unit quantity requested: 1 and psychological consult quantity requested: 1 was submitted. As per the 08-07-2015 utilization review, the requests for Diclofenac 1.5% 60gm quantity requested: 1, transcutaneous electrical nerve stimulation (TENS) unit quantity requested: 1 and psychological consult were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 1.5% 60gm quantity requested: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The claimant sustained a work injury in February 2013 and is being treated for injuries sustained when she tripped on a loading dock floor. When seen, she was having neck and upper extremity pain. Her condition was unchanged. She had completed massage therapy and was performing a home exercise program. She was status post bilateral carpal tunnel release surgeries. She had ongoing symptoms of depression. Physical examination findings included moderate obesity. There was decreased cervical range of motion with facet tenderness and positive facet loading. Tinel's testing on the right was positive. Medications being prescribed included oral Naproxen and Protonix. A trial of TENS was requested. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral Naproxen is also being prescribed. Prescribing two non-steroidal anti-inflammatory medications would be duplicative and is not considered medically necessary.

Transcutaneous electrical nerve stimulation (TENS) unit quantity requested: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The claimant sustained a work injury in February 2013 and is being treated for injuries sustained when she tripped on a loading dock floor. When seen, she was having neck and upper extremity pain. Her condition was unchanged. She had completed massage therapy and was performing a home exercise program. She was status post bilateral carpal tunnel release surgeries. She had ongoing symptoms of depression. Physical examination findings included moderate obesity. There was decreased cervical range of motion with facet tenderness and positive facet loading. Tinel's testing on the right was positive. Medications being prescribed included oral Naproxen and Protonix. A trial of TENS was requested. In terms of TENS, although not recommended as a primary treatment modality, a one-month home-based TENS trial may be considered as a noninvasive conservative option. Indications include pain, inflammation, and muscle spasm and, if effective, can be performed independently by the

patient. Low cost basic TENS units are available for home use and supplies such as electrodes can be reused many times. A trial of TENS was medically necessary. However, the duration of the trial is not specified and it is unclear whether the intention is to purchase the unit. The request that was submitted is not considered medically necessary.

Psychological consult quantity requested: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition (2004), Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Chronic pain programs (Functional Restoration Programs).

Decision rationale: The claimant sustained a work injury in February 2013 and is being treated for injuries sustained when she tripped on a loading dock floor. When seen, she was having neck and upper extremity pain. Her condition was unchanged. She had completed massage therapy and was performing a home exercise program. She was status post bilateral carpal tunnel release surgeries. She had ongoing symptoms of depression. Physical examination findings included moderate obesity. There was decreased cervical range of motion with facet tenderness and positive facet loading. Tinel's testing on the right was positive. Medications being prescribed included oral Naproxen and Protonix. A trial of TENS was requested. Psychological evaluations are generally accepted; well-established diagnostic procedures used in pain problems and should determine if further psychosocial interventions are indicated. In this case, the claimant has ongoing symptoms of depression and a psychological evaluation would be appropriate. However, she recently completed a functional restoration program and a follow-up for an assessment of the need for post-program treatment may be indicated. A new consultation is not medically necessary.