

Case Number:	CM15-0026508		
Date Assigned:	02/18/2015	Date of Injury:	10/17/2007
Decision Date:	04/14/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/11/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43-year-old female, who sustained an industrial injury on 10/17/2007. She has reported right hand/elbow/shoulder pain. The diagnoses have included cervical spondylosis; myalgia and myositis; and chronic pain disorder. Treatment to date has included medications, TENS unit, physical therapy, and surgical intervention. Medications have included Norco, Flexeril, Lidocaine patches, Lyrica, and Prilosec. Surgical interventions have included right carpal tunnel release with right median nerve injury, performed on 07/05/2013; and right median Axogen nerve repair, performed on 01/10/2014. Currently, the injured worker complains of severe neuropathic pain in the right fingertips; and grip strength has improved. A progress report from the treating physician, dated 12/04/2014, documented the injured worker to have dysesthesia and pain in the right palmar area; and 2 sites of neuroma at the proximal wrist area and more distal wrist area. The treatment plan has included the request for an H wave unit; and for Ritalin 10 mg #60. On 01/28/2015 Utilization Review non-certified a prescription for H wave unit; and a prescription for Ritalin 10 mg #60. The CA MTUS, ACOEM and the ODG were cited. On 02/10/2015, the injured worker submitted an application for IMR for review of a prescription for H wave unit; and a prescription for Ritalin 10 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

H wave unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 117-118.

Decision rationale: MTUS recommends H-wave stimulation as part of an overall program of functional restoration. A one-month H-wave trial is recommended as an option for chronic soft tissue inflammation or diabetic neuropathic pain only after failure of specific first-line treatment, including PT, medications, and TENS. These guidelines have not been met. The request is not medically necessary.

Ritalin 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Approved Labeling Information.

Decision rationale: MTUS does not discuss this medication. FDA approved labeling information recommends this medication for indications including Attention Deficit Disorder or Narcolepsy. The records in this case do not document that this medication has been requested for these indications. Overall the rationale for and benefit of this medication is unclear. The request is not medically necessary.