

Case Number:	CM15-0066040		
Date Assigned:	04/13/2015	Date of Injury:	09/29/2008
Decision Date:	05/20/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/07/2015

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: 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 September 29, 2008. She has reported neck pain, headache, shoulder pain, wrist pain, forearm pain, elbow pain, and hand pain. Diagnoses have included right shoulder tenosynovitis, tenosynovitis of the right hand, cervicobrachial syndrome, insomnia, chronic regional pain syndrome of the upper extremity, probable post-traumatic anxiety, and probable post-traumatic hypertension. Treatment to date has included medications. A progress note dated February 3, 2015 indicates a chief complaint of insomnia; headache; neck pain; right wrist pain; right shoulder pain radiating to the neck, arm, elbow, hand and wrist with numbness and tingling; right forearm pain; and right hand pain radiating to the elbow and forearm. The treating physician documented a plan of care that included medications and a neurosurgery consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgery Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consults.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The patient presents with pain and weakness in her neck, shoulder and right upper extremity. The request is for NEUROSURGERY CONSULT. The treater provides one report on 02/03/15. Examination shows tenderness in the cervical region and wrists. Foraminal compression test, max compression test, shoulder depressor test are positive bilaterally. Work statue is unknown. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the treater requested neurosurgery consult for treatment recommendations and/or management of this complex RSD case. Review of the reports show that the patient already had a neurologist/pain management consultation regarding CRPS. It is not clear why the treater has asked for neurosurgery consult. Neurosurgeons do not typically address CRPS. CRPS is not a surgical issue and the treater does not discuss any potential surgical issue with the C-spine. While a specialty request is supported by the guidelines, the indication must be provided. The request IS NOT medically necessary.

Atarax 25mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60. Decision based on Non-MTUS Citation <https://www.google.com/webhp?sourceid=chrome-instant&ion=1&espv=2&ie=UTF-8#q=atarax>.

Decision rationale: The patient presents with pain and weakness in her neck, shoulder and right upper extremity. The request is for ATARAX 25MG #60. Per 02/03/15 progress report, the patient is currently taking Prilosec, Prozac, Atarax, Xanax and Tramadol. Work statue is unknown. Per <https://www.google.com/webhp?sourceid=chrome-instant&ion=1&espv=2&ie=UTF-8#q=atarax>, Atarax treat anxiety, tension, nervousness, nausea, vomiting, allergies, skin rash, hives, and itching. The MTUS, ACOEM and ODG guidelines are silent with regards to this product. In this case, the treater does not specifically discuss this medication. There is no rationale provided as to why this medication is being prescribed and how it is helping the patient. MTUS page 60 require recording of pain and function when medications are used chronic pain. Given the lack of any documentation regarding this medication, the request IS NOT medically necessary.

Tramadol 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain and weakness in her neck, shoulder and right upper extremity. The request is for TRAMADOL 150MG #60. Per 02/03/15 progress report, the patient is currently taking Prilosec, Prozac, Atarax, Xanax and Tramadol. Work status is unknown. Regarding chronic opiate use, MTUS guidelines page 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, none of the reports specifically discuss this medicine. Provided reports do not mention the medication or its efficacy. For chronic opiate use, MTUS require specific documentation of the four A's but there is no mention of analgesia, ADL's, opiates management including UDS's, CURES, pain contracts, etc. Without such discussion, on-going use of opiates is not recommended. There is no discussion as to whether or not this medication is being tried for the first time either. Given the lack of any discussion regarding the request, it IS NOT medically necessary.