

Case Number:	CM15-0066152		
Date Assigned:	04/13/2015	Date of Injury:	11/08/2010
Decision Date:	05/28/2015	UR Denial Date:	03/31/2015
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: Texas, New York, California
 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 applicant is a represented 54-year-old who has filed a claim for chronic hand, wrist, and thumb pain reportedly associated with an industrial injury of November 10, 2010. In a Utilization Review report dated March 31, 2015, the claims administrator failed to approve requests for occupational therapy and Motrin. The applicant's attorney subsequently appealed. On March 10, 2015, the applicant reported ongoing complaints of hand, wrist, and thumb pain. The applicant was continuing to work, it was suggested. It was stated that the applicant would prefer to consult an occupational therapist as opposed to a physical therapist. 4-5/10 pain complaints were reported. It was stated that the applicant had apparently experienced a flare in pain complaints and would therefore like to obtain additional occupational therapy and/or Motrin to combat the same. The applicant was apparently given prescriptions for Motrin, tramadol, topical Voltaren, oral naproxen, and Lidoderm patches. The applicant was returned to modified duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 6 visits: Overturned

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 Physical Medicine Page(s): 98-99.

Decision rationale: Yes, the request for six sessions of occupational therapy was medically necessary, medically appropriate, and indicated here. The six-session course of treatment proposed is compatible with the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. Pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines further emphasized the importance of applicant-specific hand therapy. The applicant apparently suggested that occupational therapy might prove more beneficial than previously ordered physical therapy. The applicant had apparently demonstrated a favorable response to earlier treatment as evinced by her successful return to modified duty work. The applicant did report a flare in symptomatology on or around the date in question, March 10, 2015. The six-session course of occupational therapy was, thus, indicated to combat the same. Therefore, the request was medically necessary.

Motrin 600mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Conversely, the request for Motrin, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon a prescribing provider to incorporate some discussion of applicant-specific variables such as "other medications" into his choice of recommendations. Here, however, the attending provider did not furnish a clear, compelling, or cogent applicant-specific rationale for concurrent provision of prescriptions for two separate oral anti-inflammatory medications, naproxen and Motrin, on March 10, 2015. The applicant was also given prescriptions for topical Voltaren gel on that date. It was not clearly established why the applicant needed to use so many different anti-inflammatory medications concurrently. Therefore, the request was not medically necessary.