

Case Number:	CM13-0056432		
Date Assigned:	12/30/2013	Date of Injury:	12/23/2004
Decision Date:	06/17/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/22/2013

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. The expert reviewer is Board Certified in Pain Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45-year-old male who sustained an injury on 12/23/04 when he struck his left elbow on a piece of metal, developing sudden left elbow pain. The injured worker has been followed for a diagnosis of complex regional pain syndrome in the right upper extremity. The injured worker is noted to have had a prior right ulnar nerve neurolysis with submuscular transposition to address persistent right ulnar nerve neuropathy. It appears that the injured worker also had revision decompression and transposition procedures performed. It is noted that the injured worker did have a spinal cord stimulator previously trialed; however, this had significant side effects. Other treatment has included multiple injections to include epidural steroid injections, physical therapy, and individual psychotherapy. As of 12/20/13, the injured worker had been followed for complaints of chronic and severe neck pain as well as bilateral wrist, elbow, and shoulder pain. The injured worker described his pain in the left upper extremity as severe. Medications at this visit included; Gabapentin, Nizatidine, Omeprazole, Alprazolam, Lidoderm patches, Soma, and Hydrocodone. The injured worker was prescribed Percocet at this visit. On physical examination, there was decreased strength in the upper extremities bilaterally with decreased sensation in a bilateral C6 and C7 distribution. Decreased reflexes in the upper extremity were apparent. There was tenderness over the injured worker's previous right surgical scars. No clear evidence regarding complex regional pain syndrome (CRPS) was identified. There were concerns regarding a possible postoperative wound infection for which laboratory studies were ordered. The injured worker was also prescribed an antibiotic at this visit. Follow-up on 01/06/14 indicated that the injured worker had an increase in depression and anxiety after Xanax was stopped. The physical examination findings showed some slight erythematous change in the right upper extremity with no evidence of drainage or tracking cellulitis. Medications were continued at this visit. A urine toxicology screen was ordered. The requested replacement of transcutaneous electrical nerve stimulator (TENS) unit supplies and a urine drug screen was denied by utilization review on 11/12/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) REPLACEMENT OF TRANSCUTANEOUS ELECTRIC NERVE STIMULATOR (TENS) UNIT SUPPLIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy Page(s): 113-117.

Decision rationale: In regards to the replacement of transcutaneous electrical nerve stimulator (TENS) unit supplies, the clinical documentation submitted for review did not specifically discuss what if any benefit had been obtained with the use of a TENS unit. The injured worker's most recent clinical reports discussed results from medications. Without any clear indication that the injured worker was continuing to obtain a substantial amount of pain relief or functional benefit from the ongoing use of a TENS unit, the certification is not recommended for the requested TENS unit supplies.

ONE (1) URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-Terminal Pain, including Prescribing Controlled Substances (May 2009), Page 10, 32-33.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Screen (UDS).

Decision rationale: In regards to the requested urine drug screen, the last urinary drug screen recommended for the patient was from October of 2013. Since that time, there was no indication from the clinical reports that there were any concerns regarding elevated risk factors for medication abuse or diversion. According to the guidelines, urinary drug screens should be utilized when there are noted risk factors for medication misuse or diversion. Without any indication of risk stratification for this patient to support ongoing urinary drug screens, the test is not recommended as medically necessary.