

Case Number:	CM13-0009376		
Date Assigned:	12/11/2013	Date of Injury:	01/02/2013
Decision Date:	01/21/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and is licensed to practice in Florida. 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 physician 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:

This claimant is a 43-year-old male with a reported date of injury of 01/02/2013. The mechanism of injury is described as dumping asbestos waste in a field, and his glove got caught under the waste and twisted his right middle finger. X-rays obtained of the right third finger revealed no fractures, dislocations, or foreign bodies, and the joint spaces maintained. Soft tissues were swollen about the PIP joint. He was initially diagnosed with a sprain of the finger of the interphalangeal joint and the right middle finger. MRI of the right hand was obtained, and it was considered an unremarkable right hand MRI. He apparently missed 2 appointments in 05/2013, as documented by the records, and there was an inconsistent drug screen on 06/05/2013. He apparently had a consistent drug screen on 07/30/2013, but then returned on 08/13/2013 for an inconsistent drug screen. He was found to have an inconsistent drug screen on 09/05/2013. It was noted he underwent lab testing for genetic risk for narcotic dependence for addiction apparently twice, apparently in 03/2013 and again in 09/2013. Both of these were stated to be 1-time tests. He was seen again on 10/25/2013, and had subjective complaints of pain and swelling to his right middle finger, and stated he lost his splint. Pain was rated at 7/10 with medications, and 10/10 without medications. Objectively, his redness had resolved and he had swelling over the lateral portion of his first IP joint. He was unable to close the middle finger into a fist at that time. It was reported his urine drug screen (UDS) was still positive for street drugs, and he assured that his friends had moved out of the house, and he was no longer exposed to street drugs. Diagnoses include contusion of the right hand; traumatic arthropathy of the right hand and middle finger; and right hand, and finger pain. Plan at that time was to move forward with drug testing, genetic testing, and baseline Functional Capacity Evaluation, MRI of the

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) initial urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2001 (Substance abuse (tolerance, dependence, addiction.1). 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), pg 33

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing, opioids Page(s): 43 and 78.

Decision rationale: The most recent note indicates that he had pain rated at 7/10 with medications and 10/10 without medications. However, the medications documented to be continued included ibuprofen and Cidaflex. There is no indication that he was on any controlled drugs, including opiates, at that time. The guidelines indicate urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs. Criteria for use includes: "(2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction." For patients on controlled drugs such as opiates, the MTUS Chronic Pain Guidelines also advocate the use of the 4 A's for monitoring patients. This would include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. While a drug screen is recommended as an option to assess for use or the presence of illegal drugs, it is apparent that this patient has failed at least 3 drug screens and is not on any reported controlled drugs at this time. Additionally, the current status of the claimant is unknown as the most recent clinical note was in November 2013. The usefulness of a drug screen at this time has not been demonstrated by the records provided, and the request is non-certified.

One (1) baseline functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional improvement measurements Page(s): 48.

Decision rationale: The MTUS Chronic Pain Guidelines state, "The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate." The records, however, do not indicate that the course of treatment has started, as the provider on 10/25/2013 had requested hand therapy 2 times a week for 4 weeks. Therefore, the rationale for prescribing a Functional Capacity Evaluation at this time has not been demonstrated by the records and is non-certified.

One (1) time saliva DNA testing: 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 Official Disability Guidelines (ODG) medications, DNA testing

Decision rationale: The MTUS/ACOEM and MTUS Chronic Pain Guidelines do not specifically address this issue. The Official Disability Guidelines indicate that this procedure is not recommended. "There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Scientific research on cytokines is rapidly evolving. There is vast and growing scientific evidence base concerning the biochemistry of inflammation and it is commonly understood that inflammation plays a key role in injuries and chronic pain." While this is stated to be a 1-time testing by the provider, he has been tested twice, in 05/2013 and 09/2013. Those tests apparently did not reveal significant information that would indicate changes in treatment. The rationale for providing another saliva drug test at this time has not been demonstrated by the records provided; and therefore, this request is not medically necessary and is non-certified.

One (1) MRI of the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 114.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: This request is for an MRI of the right hand. This claimant has already undergone an MRI of the right hand on 05/30/2013. This was stated to be an unremarkable MRI of the right hand. MTUS/ACOEM states, "Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders." The records indicate that he has not sustained any significant new trauma since the MRI, and the records do not indicate he has significantly regressed in his clinical exam. Therefore, a rationale for an MRI at this time has not been provided by the records, and this request is non-certified

One (1) prescription of Cidaflex, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines glucosamine Page(s): 50.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that this medication is, "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis." The records, however, do not indicate this claimant has moderate arthritic pain or knee osteoarthritis as recommended by MTUS Chronic Pain Guidelines. The records indicate he has been on this medication since at least 08/2013, but the overall efficacy of this medication has not been documented, as he reports pain still rated at 7/10 with medications. As such, the rationale for this medication has not been provided by the records, and this request is non-certified.

One (1) prescription of Fluriflex ointment #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine, NSAIDS, topical analgesics Page(s): 41, 67-73, 111-113.

Decision rationale: This request is for fluriflex. This apparently is a combination of drugs including nonsteroidal anti-inflammatories and cyclobenzaprine in ointment form. The MTUS Chronic Pain Guidelines state, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In regard to NSAIDS, the MTUS states "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." The MTUS also states there is little evidence to support muscle relaxants as a topical agent. The records indicate that he had been continued on ibuprofen as of 10/25/2013. No laboratory tests have been provided for this review to document that nonsteroidal anti-inflammatories have not caused liver or kidney function to deteriorate. His pain is still rated at 7/10, even with his medications; therefore, analgesia has not been adequately obtained with his medications. As there is little support for these medications in this form, this request is not considered medically necessary and is non-certified.