

Case Number:	CM13-0021114		
Date Assigned:	10/11/2013	Date of Injury:	08/18/2009
Decision Date:	01/27/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/06/2013

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 Orthopedic Surgery and is licensed to practice in California. 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:

53 year old female with report of chronic right upper extremity pain secondary to thoracic outlet syndrome. Report of industrial injury and work exposure 8/18/09. Report of right radial nerve entrapment in proximal forearm and right lateral epicondylitis. Exam note from 1/14/13 demonstrates diagnosis of persistent Wartenberg Syndrome, right epicondylitis elbow, and recurrent left long trigger finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: According to the CA MTUS Chronic Pain Guidelines pg 79 of 127 states it is recommended to discontinue opioids when, (a) If there is no overall improvement in function, unless there are extenuating circumstances. In this case there is no evidence of functional improvement that is quantified in the records therefore the determination is non-certification.

Oxycontin 10mg #20: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 79.

Decision rationale: According to the CA MTUS Chronic Pain Guidelines pg 79 of 127 states it is recommended to discontinue opioids when, (a) If there is no overall improvement in function, unless there are extenuating circumstances. In this case there is no evidence of functional improvement that is quantified in the records therefore the determination is non-certification.

Docusate Sodium 100mg Softgel (#90 w/ 2 refills): 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 Tarumi Y, Wilson MP, Szafran O, Spooner GR. Randomized, double-blind, placebo-controlled trial of oral docusate in the management of constipation in hospice patients. J Pain Symptom Manage. 2013 Jan; 45(1):2-13.

Decision rationale: The CA MTUS is silent on this issue. There is insufficient evidence of the benefit of Colace on prevention of constipation. There is no evidence in the record of constipation to warrants its usage. This is in support of recent literature and therefore is not medically necessary.

Tizanidine HCL 4 mg (#90 w/2/ refills): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines muscle relaxants..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants..

Decision rationale: The CA MTUS 2009 Chronic Pain Treatment Guidelines do not recommend long term use of muscle relaxants. There is insufficient medical documentation to support use of muscle relaxants in this case. The determination is non-certification.

Xanax 0.25mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

Decision rationale: The CA MTUS 2009 Chronic Pain Treatment Guidelines does not recommend use of Xanax long term secondary to lack of long term efficacy and potential risk of dependence. There is no documentation in functional improvement while patient has been taking Xanax. Therefore the determination is non-certification.

Miralax powder 17 gram/DOSE (#510 W/5 REFILLS): 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 Lee-Robichaud H, Thomas K, Morgan J, Nelson RL. Lactulose versus Polyethylene Glycol for Chronic Constipation. Cochrane Database Syst Rev. 2010 Jul 7;(7):CD007570.

Decision rationale: Both the CA MTUS and ODG are silent on this issue. A review of the medical records does not support history of chronic constipation. Miralax is a laxative which is supported for chronic constipation. The determination is non certification as there is no evidence of chronic constipation.

Decompression tenolysis in the right distal forearm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 605.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: Surgery for radial nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence. Positive electrical studies that correlate with clinical findings should be present. A decision to operate requires significant loss of function, as reflected in significant activity limitations due to the nerve entrapment and that the patient has failed conservative care, including full compliance in therapy, and workstation changes (if applicable). Before proceeding with surgery, patients must be apprised of all possible complications, including the extent of the incision, wound infections, anesthetic complications, nerve damage, and the high possibility that surgery will not relieve symptoms. Absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate. Quality studies are not available on surgical treatment for radial nerve entrapment and there is no evidence of its benefits. If, after at least 3-6 months of conservative treatment, the patient fails to show signs of improvement, surgery may be a reasonable option if there is unequivocal evidence of radial tunnel syndrome that includes positive electrodiagnostic studies and objective evidence of loss of function as outlined above. Surgical options for this problem are high cost, invasive, and have side effects. Yet, lack of

improvement may in infrequent circumstances necessitate surgery and surgery for this condition is recommended [Insufficient Evidence (I), Recommended]In this case there is lack of evidence of a comprehensive non surgical management program for 3-6 months performed by the patient to warrant surgery for radial tunnel syndrome. Therefore the determination is non-certification.