

Case Number:	CM13-0024951		
Date Assigned:	06/06/2014	Date of Injury:	06/13/2009
Decision Date:	07/29/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/16/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 58-year-old female who reported an injury on 06/13/2009. The mechanism of injury reportedly occurred while lifting a heavy bowl up to a table. The diagnoses included elbow pain, extremity pain, shoulder pain, wrist pain, and carpal tunnel syndrome. Prior therapies included physical therapy, carpal tunnel release, and rotator cuff repair. Per the 08/05/2013 progress report, the injured worker reported a pain level of 8/10. Her current medications included Robaxin 500 mg, Duragesic 50 mcg/hour patch, Neurontin 300 mg, Tegaderm dressing, and Norco 10/325 mg. Examination of the right shoulder noted tenderness to palpation in the biceps groove and glenohumeral joint. Examination of the right wrist noted tenderness to palpation over the palmar surface, restricted range of motion, and positive Phalen's and Tinel's signs. A urine drug screen was performed and noted to be within normal limits of the injured worker's prescribed medications. The provider noted the injured worker's function and activities of daily living were improved on the current doses of medications. The Request for Authorization for Neurontin, Tegaderm, Duragesic, Robaxin, and Norco was submitted on 09/03/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Point of contact urine drug screen (Date of Service: 08/05/13), (also sent to Lab): 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 Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine drug testing (UDT).

Decision rationale: The request for point of contact urine drug screen date of service 08/05/2013 is non-certified. The California MTUS Guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The Official Disability Guidelines further state, when the point of contact screen is appropriate for the prescribed drugs without evidence of nonprescribed substances, confirmation is generally not required. The medical records provided indicate the point of contact screen performed on 08/05/2013 was consistent with the injured worker's prescribed medications. Risk stratification was not provided to determine the frequency of testing. There is no indication the provider suspected the injured worker of misuse. Since the point of contact screen was appropriate, confirmation testing is not required. The medical necessity of a point of contact urine drug screening and confirmation testing was not established. As such, the request for Point of contact urine drug screen (Date of Service: 08/05/13), (also sent to Lab.) is not medically necessary and appropriate.

Neurontin 300mg #60, with three (3) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: The request for Neurontin 300 mg, quantity 60, refill x3 is non-certified. The California MTUS Guidelines state gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. After initiation of treatment, there should be documentation of pain relief and improvement in function, as well as documentation of side effects incurred with use. The medical records provided indicate an ongoing prescription for Neurontin since at least 01/21/2013. The provider stated the injured worker's function and activities of daily living improved on her current medications. There is a lack of documentation regarding subjective complaints or objective findings indicating neuropathic pain. There is no indication of significant pain relief and objective functional improvement with the use of Neurontin. Based on this information, continued use is not supported. As such, the request for Neurontin 300MG #60, with three (3) refills is not medically necessary and appropriate.

Tegaderm 2.375 x 2.75 # 30 with three (3) refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand, Wound dressings.

Decision rationale: The request for Tegaderm 2.375 x 2.75, quantity 30, refill x3, is non-certified. The Official Disability Guidelines state for fragile skin, low-adherence dressings are favored. The medical records provided indicate the injured worker was using Tegaderm to hold her Duragesic patches in place. There is no indication as to the effectiveness of this regimen. Nonetheless, the guidelines do not support the use of Tegaderm for this purpose. In addition, the concurrent request for Duragesic patches is not supported; therefore, the request for Tegaderm patches is also not supported. As such, the request for Tegaderm 2.375 x 2.75 # 30 with three (3) refills is not medically necessary and appropriate.

Duragesic 50mcg/hr. patch # 10: 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 Duragesic (fentanyl transdermal system) Page(s): 44.

Decision rationale: The request for Duragesic 50 mcg/hr. patch, quantity 10, is non-certified. The California MTUS Guidelines state Duragesic patches are not recommended as a first-line therapy. Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. The medical records provided indicate an ongoing prescription for Duragesic patches since at least 01/21/2013. There is a lack of documentation regarding significant pain relief and objective functional improvements to determine the necessity of continued use. There is also no indication as to the injured worker's need for continuous opioid analgesia or that her pain could not be managed by other means. Based on this information, continued use is not supported. As such, the request for Duragesic 50mcg/hr. patch # 10 is not medically necessary and appropriate.

Robaxin 500mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The medical records provided indicate an ongoing prescription for Robaxin since at least 01/21/2013. There is no indication of objective findings of muscle spasms to warrant the use of Robaxin. There is a lack of

documentation regarding objective functional improvements with the medication. Nonetheless, the guidelines do not support the long-term use of muscle relaxants. As such, the request for Robaxin 500mg # 60 is not medically necessary and appropriate.

Norco 10/325mg # 180: 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 Opioids, criteria for use Page(s): 76-80.

Decision rationale: The request for Norco 10/325 mg, quantity 180, is non-certified. The California MTUS Guidelines state for opioid management, there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records provided indicate an ongoing prescription for Norco since at least 01/21/2013. Per the 08/05/2013 progress report, the injured worker reported a pain level of 8/10. It was not stated if this was with or without medication. The provider noted the injured worker's medications increased her function and activities of daily living. A urine drug screen performed 08/05/2013 was consistent with the injured worker's prescribed medications. There is a lack of documentation regarding significant pain relief and objective functional improvements to determine the necessity of continued use. As such, the request for Norco 10/325mg # 180 is not medically necessary and appropriate.