

Case Number:	CM13-0040193		
Date Assigned:	12/20/2013	Date of Injury:	04/14/2011
Decision Date:	02/26/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/29/2013

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 General Preventative & Public Health, has a subspecialty in Occupational & Environmental Medicine and is licensed to practice in Hawaii. 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:

The patient is a 46 year old female claimant with a repetitive injury date of 4/14/11. The doctor's first report of injury is dated October 13, 2013 by [REDACTED]. The patient was a shipping clerk, working 10 hours a day, 4 days a week with overtime. She has not worked at her job since 4/18/11 due to her inability to hold objects with her left hand. The surgery was performed on 3/14/13 because she did not respond to conservative treatment. The subjective findings included: moderate pain in left thumb that radiates to left shoulder and neck; headaches; difficulty sleeping. Objective findings include: left hand and wrist shows well-healed incision at base of thumb with tenderness; 1st CMC joint tender; tinel; phalen signs are positive; dorsiflex/volar flex is 70 degrees. [REDACTED] prescribed: Diclofenac XR; left thumb spica wrist brace; Proteolin; Hydrocodone/APAP; Tramadol ER; Cartivisc; Re-evaluation in six weeks. The treating physician did not specify a timeframe and duration in the request for a left thumb spica wrist brace. The treating physician has not provided clinical evidence to support the use of Diclofenac over a first line NSAID such as Naprosyn. A utilization review decision was rendered on recommending non-certification for Diclofenac XR; left thumb spica wrist brace; Proteolin; Hydrocodone/APAP; Tramadol ER and Cartivisc. A re-evaluation in 6 weeks was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left thumb spica wrist brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264, 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hand & Wrist Chapter, Immobilization

Decision rationale: The injured worker has left thumb pain status post trigger release on 3/14/13, left carpal tunnel syndrome, and left first carpometacarpal joint pain. The MTUS citation listed provides for specific indications of the use of a splint during a forearm, wrist, or hand injury. The MTUS Guidelines advise against prolonged splinting since it can lead to weakness and stiffness. The ODG states that continuous splinting should not exceed 4 weeks duration; intermittent or nocturnal splint use may be applied for longer periods. The treating physician did not specify timeframe and duration in the request for a left thumb spica wrist brace. The left thumb spica wrist brace is not medically necessary as it does not meet criteria in the MTUS and ODG.

Diclofenac XR 100mg #30: 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, NSAIDs Page(s): 67-70. Decision based on Non-MTUS Citation ODG, Chronic Pain Chapter, NSAIDs

Decision rationale: The injured worker has left thumb pain status post trigger release on 3/14/13, left carpal tunnel syndrome, and left first carpometacarpal joint pain. The MTUS recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. ODG states that diclofenac is not recommended as first line treatment due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. The treating physician has not provided clinical evidence to support the use of Diclofenac over a first line NSAID such as Naprosyn. Diclofenac increases risk of hepatic and cardiac risk events and has been taken off the recommended medication list by ODG. The request for diclofenac XR 100mg #30 is not medically necessary as it does not meet criteria in the MTUS and ODG.

Proteolin #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic Pain Chapter, Medical Foods, as well as

an article on WebMD found at <http://www.webmd.com/drugs/drug-152698-Proteolin+oral.aspx?drugid=152698&drugname=Proteolin+oral&pagenumber=5>.

Decision rationale: The injured worker has left thumb pain status post trigger release on 3/14/13, left carpal tunnel syndrome, and left first carpometacarpal joint pain. Proteolin-- Proteolin contains Tumeric and is considered a medical food. The MTUS and ODG are silent on proteolin. A search on WebMD came up with some of the compounds included in Proteolin, including turmeric (also known as Curcumin). The MTUS does not recommend Curcumin (turmeric) for the treatment of chronic pain. In addition ODG states that a medical food is defined in section 5(b) of the Orphan Drug Act (21 U.s.c.360ee (b) (3)) as "a food which is formulated to be consumed or administered eternally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." To be considered the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. The request for Proteolin XR does not meet these requirements and is not medically necessary as its use is not supported in the MTUS and ODG.

Hydrocodone/APAP 10, 325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 77.

Decision rationale: The MTUS does not recommend the use of opioids and opioids are not first line medications for musculoskeletal pain. The MTUS recommends a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids have significant side effects and should only be considered for a very short course of treatment according to the MTUS. The treating physician provided no evidence of failed therapy with first line agents such as NSAIDs. The request for hydrocodone/APAP 10, 325mg #60 is not medically necessary by the criteria described in the MTUS.

Tramadol ER 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids and Tramadol Page(s): 93-94.

Decision rationale: he MTUS does not recommend Tramadol as it is a synthetic opioid affecting the central nervous system. Tramadol side effects include headaches, which the patient

already suffers from and when used with other opiates increases the risk of seizures. The treating physician provided no evidence of failed therapy with first line agents such as NSAIDs and is contraindicated with the use of opioids such as hydrocodone. The request for Tramadol ER 150mg #60 is not medically necessary by the criteria described in the MTUS.

Cartivisc 500/200/150mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Glucosamine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Pain Interventions and Treatments Page(s): 50.

Decision rationale: Per the MTUS Chronic Pain Guidelines, there is no support for the use of Cartivisc Glucosamine Chondroitin. The treating physician did not provide documentation of joint space narrowing or documentation of a diagnosis of osteoarthritis. The MTUS also recommends a particular formulation for glucosamine. Glucosamine hydrochloride (GH) is not proprietary, so it tends to be less expensive but there has also been less funding for quality studies. The request for Cartivisc 500/200/150mg #90 is not medically necessary by the criteria described in the MTUS.