

Case Number:	CM13-0045805		
Date Assigned:	12/27/2013	Date of Injury:	02/27/2012
Decision Date:	05/21/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/12/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine, 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 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 patient is a 56-year-old man who sustained a work-related injury on February 27, 2012 and March 2, 2009. Subsequently, he developed lower back pain, bilateral shoulder pain, bilateral elbow pain, and right knee pain. The patient underwent a lumbar spine decompression on 2011. His MRI (magnetic resonance imaging) of right upper extremity demonstrated slight order positive variance. According to the note dated on July 15, 2013, the patient was complaining of numbness in both hands, 5/10 lower back pain, 4/10 pain in both shoulders and elbows. The pain in the shoulders and elbows improved compared to previous visits. His physical examination demonstrated tenderness in the lumbar spine, elbows, wrists and right knee with reduced range of motion. The patient was diagnosed with the lumbar spine sprain, right shoulder strain and bilateral orbital strain. The provider requested authorization for the medications and procedure mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULNAR SHORTENING SURGERY OF THE RIGHT WRIST: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Triangular

fibrocartilage complex (TFCC) reconstruction,

http://www.worklossdatainstitute.verioiponly.com/odgtwc/Forearm_Wrist_Hand.htm#Triangular_fibrocartilagecomplex

Decision rationale: According to Official Disability Guidelines (ODG), regarding triangular fibrocartilage complex, surgery is recommended as an option. Arthroscopic repair of peripheral tears of the triangular fibrocartilage complex (TFCC) is a satisfactory method of repairing these injuries. Injuries to the triangular fibrocartilage complex are a cause of ulnar-sided wrist pain. The TFC is a complex structure that involves the central fibrocartilage articular disc, merging with the volar edge of the ulnocarpal ligaments and, at its dorsal edge, with the floors of the extensor carpi ulnaris and extensor digiti minimi. Triangular fibrocartilage complex (TFCC) tear reconstruction with partial extensor carpi ulnaris tendon combined with or without ulnar shortening procedure is an effective method for post-traumatic chronic TFCC tears with distal radioulnar joint (DRUJ) instability. However, in this case, there is no documentation of ulnar damage or impaction. Therefore the request for ulnar shortening surgery of right wrist is not medically necessary.

URINE TOX TESTING: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, steps to avoid misuse/addiction, Page(s): pgs. 77-78, and 94..

Decision rationale: According to THE MTUS guidelines, urine toxicology screen is indicated to avoid misuse/addiction. The guidelines recommends consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, there is no evidence that the patient have aberrant behavior or urine drug screen. There is no documentation that the patient has a history of use of illicit drugs. Therefore, the request for urine drug screen is not medically necessary.

TRAMADOL 50MG, QUANTITY 60: Upheld

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

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

Decision rationale: According to THE MTUS guidelines, Ultram (Tramadol) is a central acting analgesic that may be used in chronic pain. Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the Drug Enforcement Administration (DEA). It is not recommended as a first-line oral analgesic. In addition and according to THE MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single

pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. In this case, there is no clear evidence of objective and recent functional and pain improvement with previous use of opioids. There is no documentation of efficacy of previous use of Tramadol. There is no recent evidence of objective monitoring of compliance of the patient with his medications. There is no clear justification for the need for Tramadol. Therefore, the request for Tramadol 50mg is not medically necessary at this time.

OMEPRAZOLE 20MG, QUANTITY 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section non-steroidal anti-inflammatory drugs (NSAIDs), gastrointestinal (GI) symptoms & cardiov.

Decision rationale: According to the MTUS guidelines, Omeprazole is indicated when non-steroidal anti-inflammatory drugs (NSAIDs) are used in patients with intermediate or high risk for gastrointestinal events. The risks for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; (3) concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that *Helicobacter pylori* do not act synergistically with NSAIDs to develop gastroduodenal lesions. In this case, there is no documentation in the patient's chart supporting that the patient is at intermediate or high risk for developing gastrointestinal events. Therefore, Omeprazole 20mg #60 is not medically necessary.

TEMAZEPAM 15MG, QUANTITY 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Benzodiazepines, Page(s): pg. 24.

Decision rationale: According to the MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. The guidelines limit benzodiazepines use to four weeks. In this case, there is no recent documentation of insomnia related to pain. Therefore, the request for Temazepam 15mg, quantity 30 is not medically necessary.

PHYSICAL THERAPY TO LUMBAR SPINE: POST-OP, THREE TIMES A WEEK FOR FOUR WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): pg. 271.,Chronic Pain Treatment Guidelines Section Physical Medicine, Page(s): pg. 98,.

Decision rationale: According to the MTUS guidelines, physical medicine is recommended as indicated: passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in complex regional pain syndrome (CRPS). The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. The guidelines also indicate that in a large case series of patients with low back pain treated by physical therapists; those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. In this case, the patient underwent back pain that was treated with physical therapy. However there is no documentation of the effect of these sessions of physical therapy. There is no documentation of the rationale of additional physical therapy versus home therapy. Therefore, the request for additional session of physical therapy is not medically necessary.