MAXIMUS Federal Services

Case Number:	CM13-0050274		
Date Assigned:	12/27/2013	Date of Injury:	01/05/2008
Decision Date:	05/20/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/11/2013

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 Family Practice and is licensed to practice in Arizona. 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 58-year-old male with a date of injury on 1/5/2008. Patient has been treated for ongoing symptoms in the right wrist/thumb, neck, and shoulder, Subjective complaints are of ongoing back pain rated at 7/10.Physical exam shows a mildly antalgic gait, tenderness and decreased sensation along the right C5-8 dermatomes, decreased sensation along the left L4 - S1 dermatomes, 5/5 strength of the right deltoid, biceps, and internal and external rotators. Patient has 4+/5 strength of the right shoulder, wrist extensors and flexors, and 5/5 strength of the left quadriceps and tibialis anterior. Medications included Norco, docuprene, prilosec, naproxen, and Lidopro. The Norco was subsequently discontinued due to dizziness. Documentation does not identify that the patient had any pre-existing ulcers, or the presence of gastroesophageal reflux disease. The patient has undergone a right ulnar shortening osteotomy on March 14, 2011, a right shoulder arthroscopy on September 12, 2011, and left knee arthroscopy on January 9, 2012. More recently, the patient underwent an extensor pollicis longus tendon transfer of the right thumb, on April 23, 2013. He has completed 12 sessions of physical therapy for the right wrist/thumb. Electrodiagnostic studies of bilateral upper extremities showed mild median nerve pathology, but no electro diagnostic evidence of cervical radiculopathy was present. The patient has also participated in a home exercise program and received a corticosteroid injection to the right shoulder, on August 23, 2013. This was done following a surgical procedure to his right hand on July 25, 2013. Cervical MRI was mentioned in office notes to show mild to moderate canal stenosis at C5-C7. There is no submitted report of the cervical MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Literature published, AstraZeneca Pharmaceuticals, (June 2004).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID/GI RISK Page(s): 67-68.

Decision rationale: According to CA MTUS guidelines, a proton pump inhibitor can be added to NSAID therapy if the patient is at an intermediate to high risk for adverse GI events. Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDS. There is no documentation identified that would stratify this patient in an intermediate or high risk GI category. There is also no documentation of ongoing GI complaints. Therefore, the requested prescription for Omeprazole 20mg, #60 is not medically necessary.

DOCUPRENE 100MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Literature published by the drug manufacturer, Robert Pharmaceutical (2004), Colace Oral.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Literature published by the drug manufacturer: FDA: Docusate Sodium

Decision rationale: FDA recommends the use of docusate sodium for dry hard stools and occasional constipation. This patient has used this product for episodes of constipation related to opioid use. The opioid (Norco) was subsequently discontinued, and no further documentation showed evidence of constipation. Therefore, the request for Docuprene 100mg is not medically necessary.

LIDOPRO TOPICAL OINTMENT 4OZ: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidoderm Page(s): 111-113, 56.

Decision rationale: Lidopro is a medication that includes methyl salicylate, menthol, lidocaine, and capsaicin. Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. Topical lidocaine in the form of Lidoderm may be recommended for localized peripheral pain. No other commercially

approved topical formulations of lidocaine are indicated. While capsaicin has some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain, it has shown moderate to poor efficacy. Topical Salicylates have been demonstrated as superior to placebo for chronic pain to joints amenable to topical treatment. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. In addition to capsaicin and menthol not being supported for use in this patient's pain, the medical records do not indicate the anatomical area for it to be applied. Due to Lidopro not being in compliance to current use guidelines the requested prescription is not medically necessary.

ONGOING CARE WITH ORTHOPEDIC SURGEON FOR LEFT KNEE AND RIGHT SHOULDER: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, page 127 and The Official Disability Guidelines (ODG), Lumbar Chapter, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, page 127 and The Official Disability Guidelines (ODG), Pain, Office Visits.

Decision rationale: ACOEM guidelines indicated that consultation can be obtained to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability. The ODG recommends office visits are determined to be medically necessary. Evaluation and management (E&M), outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. This patient recently underwent a corticosteroid injection to the right shoulder, and has ongoing symptoms in the left knee. Ongoing care with an orthopedist would be supported by guidelines to assess efficacy of steroid injection and to assist in therapeutic management. Therefore, the request for orthopedic care is medically necessary.

ONGOING CARE WITH ORTHOPEDIC HAND SURGEON FOR RIGHT HAND AND WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, page 127 and The Official Disability Guidelines (ODG), Lumbar Chapter, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, page 127 and The Official Disability Guidelines (ODG), Pain, Office Visits.

Decision rationale: ACOEM guidelines indicated that consultation can be obtained to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability. The ODG recommends office visits are determined to be medically necessary. Evaluation and management (E&M), outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. This patient has had the appropriate follow-up care with his orthopedist, and had completed postoperative rehabilitation. Submitted documentation did not identify any new symptoms in the wrist or hand and the medical records did not establish significant deficits to warrant ongoing care with a hand specialist. Therefore, the medical necessity of ongoing hand orthopedic specialist care is not established. The request for Orthopedic care is not medical necessary.

INTERLAMINAR EPIDURAL STEROID INJECTION AT C5-6 AND C6-7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: MTUS notes that the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. While for diagnostic purposes, a maximum of two injections can be performed if there is inadequate response to the first block. Criteria for epidural steroid injections must show documented radiculopathy on physical exam and corroborated by imaging studies and/or electrodiagnostic testing. This patient has cervical neck pain documented, and records do not establish a physical exam consistent with an active radiculopathy. Furthermore, medical records do not establish a neural compressive lesion on an imaging study, and electrodiagnostic studies were negative for cervical radiculopathy. Therefore, an epidural steroid injection is not medically necessary.