

Case Number:	CM13-0056767		
Date Assigned:	12/30/2013	Date of Injury:	02/09/2012
Decision Date:	08/28/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/22/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 51-year-old female who sustained an injury on 02/09/12. The injured worker noted no specific mechanism of injury. Initial treatment included physical therapy followed by surgical intervention for rotator cuff tear. Diagnosis include right carpal tunnel syndrome. Prior prescription medications included hydrocodone. The injured worker reported improvements following her right shoulder rotator cuff repair but persisted to have complaints of pain in the cervical spine radiating to the top of the right shoulder and trapezius. The injured worker also continued to describe constant numbness and tingling with weakness in the right hand radiating into the thumb index and long fingers. As of 09/24/13 the injured worker was seen for continuing complaints of pain in the cervical spine radiating to the left shoulder. There was persistent insomnia reported. There was complaints of low back pain radiating to the right lower extremity. No specific physical examination findings were noted. Recommendations at this visit included urine tox screens, genetic testing for narcotic risk factors, a topical compound to reduce pain which included Terocin and a separate compounded medication including Flurbiprofen, Gabapentin, Cyclobenzaprine, Somnicin and Tramadol. There was referral for hand surgeon consult and shoulder surgical consult. Follow up on 12/17/13 indicated the topical medications were relieving pain and that H-wave use was effective. The injured worker also reported benefits from interferential unit. Physical examination noted persistent severe tenderness to palpation in the right shoulder and tenderness at the right wrist. There was loss of range of motion in the right shoulder. The only recommended change to regimen was addition of a Toradol injection. The injured worker had inconsistent results from the 09/26/13 toxicology screen which noted positive findings for hydrocodone and benzodiazepines which were not prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 43.

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

Decision rationale: In regards to the requested urine toxicology screen, it was unclear from the clinical record what the basis of this toxicology screen was for. The previous toxicology screen from September of 2013 was negative for prescribed medications but positive for medications that did not appear to be prescribed to the injured worker to include hydrocodone and benzodiazepines. As of the December of 2013 clinical record, no further narcotic medications had been recommended for this injured worker. There was no rationale for updated urinary screen that would support the request as medically necessary. Therefore, the request for urine toxicology is not medically necessary and appropriate.

Genetic testing of narcotic risk: 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 Official Disability Guidelines (ODG) Pain Chapter, Genetic Testing for Potential Opioid Abuse.

Decision rationale: In regards to the requested genetic testing for opioid abuse, there was insufficient rationale to support this type of testing. The injured worker was not actively being considered for narcotics. Although there was prior inconsistent toxicology results for non-prescribed medications, there was insufficient evidence to support this type of testing for this injured worker. Furthermore guidelines considered genetic testing to determine the risks for opioid abuse as experimental and investigational due to the limited evidence supporting the testing in clinical literature. Therefore, the request genetic testing of narcotic risk is not medically necessary and appropriate.

Topical compounds: 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 Page(s): 111-113.

Decision rationale: In regards to the requested topical compounds, guidelines indicate that topical analgesics are largely experimental in the treatment of chronic pain. They can be considered an option in the treatment of neuropathic pain when other oral medications have failed. It is unclear what components of this topical medication were. The injured worker had been recommended for multiple compounded topical medications including anti-inflammatories, gabapentin, cyclobenzaprine, and tramadol. Overall, there is no evidence in the clinical documentation supporting that the injured worker reasonably failed oral medications or that oral medications were contraindicated. Therefore, the request for topical compounds is not medically necessary and appropriate.

Start program 'stretching': Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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, & Hand Chapter, Exercise.

Decision rationale: In regards to the requested stretching program, there was limited clinical documentation regarding what would compose this particular program. No specifics regarding exercises were discussed. Although exercises are recommended in guidelines, additional information would have been needed in order to establish what type of exercise program was being recommended to the injured worker and if this required professional oversight. Therefore, the request for start program 'stretching' is not medically necessary and appropriate.

Hand surgery consultation: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, pages 32.

Decision rationale: In regards to the requested hand surgeon consult, this reviewer would have recommended this request as medically necessary. The injured worker continues to present with ongoing severe pain in the right wrist and hand. There was also associated numbness in the right wrist and hand consistent with carpal tunnel syndrome. Given that the symptoms have not abated over time, a hand surgery consult would have been supported as medically necessary in order to determine further treatment for the injured worker. There are specific considerations for this injured worker that would have required a referral to a specialist. Therefore, the request for a hand surgery consultation is medically necessary and appropriate.

Shoulder surgery consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation COEM Practice Guidelines, Chapter 7, pages 32.

Decision rationale: The patient has complaints of severe tenderness at the shoulder with a loss of

range of motion. Given the functional deficits, a consultation is indicated in order to provide the patient with a pathway to treatment. As such, the request for shoulder surgery consultation is medically necessary and appropriate.

Brace for the right wrist/hand: Overturned

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 Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, Splinting.

Decision rationale: The injured worker presents with objective evidence consistent with carpal tunnel syndrome for the right upper extremity. Per the Official Disability Guidelines, bracing for right carpal tunnel complaints is recommended for both day and night time use. Given the persistent symptoms and objective findings consistent with carpal tunnel syndrome, the request for the brace for the right wrist/hand is medically necessary and appropriate.

H-Wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 113-117.

Decision rationale: In regards to the requested H-wave unit, there is limited evidence in the clinical documentation supporting that this unit was providing substantial functional improvement or pain reduction. There was no indication of any medication reduction with H-wave unit that would support its ongoing use. There is also no indication that the H-wave unit was being provided as an adjunct to a formal physical therapy program. Therefore, the request for an H-wave unit is not medically necessary and appropriate.

Abdominal surgery/D&C: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 32.

Decision rationale: In regards to the request for abdominal surgery, the clinical documentation did not provide any clear rationale for any surgical indications for the abdomen. Additional clinical information would have been needed in order to substantiate this request. Therefore, the request for abdominal surgery/D&C is not medically necessary and appropriate.

Terocin 240 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

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

Decision rationale: In regards to the requested topical Terocin 240ml, guidelines indicate that topical analgesics are largely experimental in the treatment of chronic pain. They can be considered an option in the treatment of neuropathic pain when other oral medications have failed. It is unclear what components of this topical medication were. The injured worker had been recommended for multiple compounded topical medications including anti-inflammatories, gabapentin, cyclobenzaprine, and tramadol. Overall there is no evidence in the clinical documentation supporting that the injured worker reasonably failed oral medications or that oral medications were contraindicated. Therefore, the request for Terocin 240 ml is not medically necessary and appropriate.

Flurbiprofen 180 g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

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

Decision rationale: In regards to the requested topical, Flurbiprofen, guidelines indicate that topical analgesics are largely experimental in the treatment of chronic pain. They can be considered an option in the treatment of neuropathic pain when other oral medications have failed. It is unclear what components of this topical medication were. The injured worker had been recommended for multiple compounded topical medications including anti-inflammatories, gabapentin, cyclobenzaprine, and tramadol. Overall there is no evidence in the clinical documentation supporting that the injured worker reasonably failed oral medications or that oral medications were contraindicated. Therefore, the request for Flurbiprofen 180 g is not medically necessary and appropriate.

Somnicin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia Treatment.

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

Decision rationale: In regards to the requested Somnicin, this medication is a medical food combined of multiple naturally occurring ingredients including vitamin B6. Guidelines indicate that medical foods can be considered for specific dietary management of a disease or condition. This was not elaborated in the clinical documentation submitted for review. Given the absence of any clear indications for this medical food, the request for Somnicin is not medically necessary and appropriate.

Laxacin: 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 Opiates, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the requested Laxacin, this is a compounded formulation of multiple medications for constipation. The clinical documentation submitted for review did not indicate the presence of any substantial constipation side effects that would have supported this medication. Therefore, the request for Laxacin is not medically necessary and appropriate.

Gabacyclotram 180 g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Topical Products Page(s): 112.

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

Decision rationale: In regards to the requested topical compounded Gabapentin, Cyclobenzaprine, and Tramadol, guidelines indicate that topical analgesics are largely experimental in the treatment of chronic pain. They can be considered an option in the treatment of neuropathic pain when other oral medications have failed. It is unclear what components of this topical medication were. The injured worker had been recommended for multiple compounded topical medications including anti-inflammatories, Gabapentin, Cyclobenzaprine, and Tramadol. Overall, there is no evidence in the clinical documentation supporting that the injured worker reasonably failed oral medications or that oral medications were contraindicated. Therefore, the request for Gabacyclotram 180 g is not medically necessary and appropriate.

Cardiology internal medicine and urology consultations: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7.

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

Decision rationale: In regards to the requested cardiology, internal medicine, and urology consultations, the clinical documentation did not provide any clear rationale for any of these referrals. Additional information would have been needed in order to substantiate this request. Therefore, the request for a cardiology internal medicine and urology consultations are not medically necessary and appropriate.