

Case Number:	CM14-0005500		
Date Assigned:	01/24/2014	Date of Injury:	10/04/2012
Decision Date:	06/09/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/13/2014

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 Geriatrics has a subspecialty in Family Practice and is licensed to practice in New York. 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 reported a date of injury of 10/4/12. The most recent physician visit prior to the denial in question included in the records was on 9/3/13. She was seen in follow-up for pain in her shoulders, elbows and wrist. She reported that her mobility and strength were about the same with pain 7-8/10 overall. She was able to work full time and was still having tingling at her elbows and fingers and was limited in her daily activities. Range of motion testing was done and her shoulder were normal and wrists reduced. Her grip strength was improved from the prior visit. She was said to have difficulty with showering, grooming, head turning and driving. At issue in this review is the prescription for tylenol #3, ketoprofen gel and a pro wrist support.

IMR ISSUES, DECISIONS AND RATIONALES

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

TYLENOL #3 Q4-6 HOURS PRN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This injured worker has chronic shoulder, elbow and wrist pain with an injury sustained in 2012. Her medical course has included numerous treatment modalities

including use of several medications including narcotics. Per the chronic pain guidelines for opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 9/13 fails to document any improvement in pain, functional status or side effects to justify long-term use. Therefore, the request for Tylenol #3 Q4-6 Hours PRN #60 is not medically necessary and appropriate.

KETOPROFEN 20% KETAMINE 10% GEL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. Regarding topical Ketoprofen in this injured worker, the records do not provide clinical evidence to support medical necessity. Therefore, the request for Ketoprofen 20% Ketamine 10% GEL is not medically necessary and appropriate.

PRO WRIST SUPPORT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: This injured worker has chronic shoulder, elbow and wrist pain with an injury sustained in 2012. Splints can be useful in carpal tunnel syndrome and scientific evidence supports the efficacy of neutral wrist splints. This injured worker is able to work full duty in spite of chronic wrist pain. The the records do not substantiate that a pro wrist support is medically necessary at this point in her treatment or will improve her functional status. Therefore, the request for Pro Wrist Support is not medically necessary and appropriate.

FINAL CONFIRMATION OF URINE DRUG TESTING (UDT) RESULTS: 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), Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77-78.

Decision rationale: This injured worker has a history of chronic pain since 2012. She has had various treatment modalities including opioids. Per the chronic pain guidelines, urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured workers, the records fail to document any issues of abuse or addiction or the medical necessity of a drug screen. Therefore, the request for final confirmation of urine drug testing (UDT) is not medically necessary and appropriate.