

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0006062 | | |
| Date Assigned: | 02/05/2014 | Date of Injury: | 09/05/2000 |
| Decision Date: | 07/24/2014 | 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 Physical Medicine and Rehabilitation, 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 66-year-old female who reported an injury on 09/05/2000. The mechanism of injury was not provided. The clinical documentation indicated the injured worker had been utilizing gabapentin, Pennsaid, benzodiazepines, opiates, and Lidoderm patches as of 2012. The injured worker was noted to have undergone multiple urine drug screens. The documentation of 11/26/2013 revealed the injured worker had hand and wrist pain along with stiffness, tenderness and weakness. The injured worker had plain radiographs on 04/05/2013 which revealed the evaluation of the right hand demonstrated advanced degenerative changes at the base of the thumb and mild degenerative changes were otherwise present in the interphalangeal joints. The evaluation of the left hand exhibited advanced degenerative changes at the base of the thumb, and mild degenerative changes in the interphalangeal joints. There were no fractures or dislocations and the soft tissues were grossly unremarkable in appearance. The impression was indicated to be multifocal degenerative changes within the hands bilaterally and advanced degenerative changes in the base of the thumbs bilaterally. There was no evidence for erosive arthropathy. The clinical documentation indicated the injured worker had findings for de Quervain's tenosynovitis and carpal metacarpal syndrome bilaterally, and severe degenerative changes in the bilateral wrists along with severe findings for intra-articular pathology. The diagnoses included bilateral hand pain, likely a mixed combination of de Quervain's tenosynovitis, focal entrapment neuropathy, and intra-articular wrist injury. The treatment plan included an MRI of both hands and wrists, and docusate sodium which was started on 04/05/2013, Lidoderm patches, MS Contin, MSIR 15 mg tablets, Tomazepam 50 mg, Pennsaid, and gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI BILATERAL HANDS/WRISTS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Forearm, Wrist, & Hand Chapter, MRI (magnetic resonance imaging) section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The ACOEM Guidelines indicate that for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. The clinical documentation submitted for review indicated the injured worker had previously undergone x-rays which revealed severe arthritic changes. The clinical documentation submitted for review indicated the injured worker had findings of de Quervain's tenosynovitis and carpal metacarpal syndrome, and had findings for intra-articular pathology. However, there was a lack of documentation of the specific findings to support the necessity for an MRI. Given the above, the request for an MRI, bilaterally hands/wrists, is not medically necessary.

DOCUSATE SODIUM 250MG ONE (1) Q 12 HRS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter - Opioid-induced Constipation Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

Decision rationale: The California MTUS Guidelines recommend when initiating opioid therapy there should be prophylactic treatment of constipation initiated. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 6 months. There was a lack of documented efficacy of the requested medication. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for docusate sodium 250 mg 1 every 12 hours is not medically necessary.

LIDODERM PATCH 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56, 57.

Decision rationale: California MTUS guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 1 year. There was a lack of documented efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for lidoderm patch 5% #30 is not medically necessary.

MS CONTIN 15MG TWO (2) Q 8 HRS #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, Opioids, ongoing management Page(s): 60 and 78.

Decision rationale: The California MTUS Guidelines recommend opiates as a treatment for chronic pain. There should be documentation of objective functional improvement an objective decrease in pain, and evidence the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing opiates for greater than 1 year. There was a lack of documentation of the above criteria. Given the above, the request for MS Contin 15 mg, 2 every 8 hours, #180 is not medically necessary.

MSIR 15 MG ONE (1) QUID #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60 and 78.

Decision rationale: The California MTUS Guidelines recommend opiates as a treatment for chronic pain. There should be documentation of objective functional improvement an objective decrease in pain, and evidence the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing opiates for greater than 1 year. There was a lack of documentation of the above criteria. Given the above, the request for MSIR 15 mg 1 four times a day #120 is not medically necessary.

TEMAZEPAM 15 MG ONE (1) HS #30: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines as a treatment for patients with chronic pain for longer than 3 weeks due to the high risk of psychological and physiological dependence. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 1 year. There was a lack of documentation of objective functional benefit. There was a lack of documented rationale for exceeding guideline recommendations. Given the above, the request for Temazepam 15 mg 1 at bedtime is not medically necessary.

PENNSAID 1.5% 10 (10) DROPS QID #150ML: 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.

Decision rationale: The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed....Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The injured worker had been utilizing the medication for greater than 1 year. The clinical documentation submitted for review failed to provide documentation of an objective decrease in pain and objective functional improvement. Given the above, the request for Pennsaid 1.5% ten drops 4 times a day #150 mL is not medically necessary.

GABAPENTIN 800 TWO (2) Q 8 HRS #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS Guidelines recommend anti-epileptic medication for the treatment of neuropathic pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 1 year. There was a lack of documentation of the above recommendations. Given the above, the request for gabapentin 800 mg 2 every 8 hours #180 is not medically necessary.

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend urine drug screens for injured workers who have documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review indicated the injured worker had a previous urine drug screen that was appropriate for the medications that were prescribed. There was a lack of documentation indicating the injured worker had documented issues of addiction, abuse, or poor pain control. Given the above, the request for a urine drug screen is not medically necessary. Additionally, the request failed to indicate the quantity of urine drug screens being requested.

AUTOIMMUNE PANEL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org/understanding/conditions/autoimmune>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://www.nlm.nih.gov/medlineplus/laboratorytests.html>Laboratory Tests.

Decision rationale: Per [nlm.nih.gov](http://www.nlm.nih.gov) "Laboratory tests check a sample of your blood, urine, or body tissues. Laboratory tests are often part of a routine checkup to look for changes in your health. They also help doctors diagnose medical conditions, plan or evaluate treatments, and monitor diseases". The clinical documentation failed to indicate the components for the auto immune panel. There was a lack of documented rationale for the requested service. Given the above, the request for an auto immune panel is not medically necessary.