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| Case Number: | CM14-0102555 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 01/15/2011 |
| Decision Date: | 10/08/2014 | UR Denial Date: | 06/04/2014 |
| Priority: | Standard | Application Received: | 07/02/2014 |

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 57 year old employee with date of injury of 1/15/2011. Medical records indicate the patient is undergoing treatment for cervical strain herniation w/myvelop; cervical spine sprain/strain, bilateral CTS, lumbar disc herniation with myvelop; lumbar sprain/strain, bilateral cubital tunnel syndrome and bilateral lateral epicondylitis. Subjective complaints include: pain is rated 7/10 and numbness and weakness in right hand radiates to right shoulder. He complains that fingers feel numb. He has chronic neck pain that radiates to bilateral extremities and low back pain that radiates to lower extremities. He has tingling paresthesia in both arms and legs. Objective findings include tenderness to palpation over the cervical and lumbar spine and tenderness to palpation over the wrist and elbow bilaterally. Treatment has consisted of PT, chiropractic therapy, acupuncture therapy, flurbiprofrn/capsaisin/menthol and ketoprofen/cyclobenzarprine/lidocaine. The utilization review determination was rendered on 6/4/2014 recommending non-certification of a Non-Invasive DNA Test; MRI of Left Wrist; MRI of Right Wrist; Ortho shockwave and Tramadol 150mg - Unspecified quantity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Non-Invasive DNA Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Cytokine DNA Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid, Genetic testing for potential opioid abuse

Decision rationale: MTUS does not mention DNA testing, ODG specifically states regarding DNA testing "Not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Scientific research on cytokines is rapidly evolving. There is vast and growing scientific evidence base concerning the biochemistry of inflammation and it is commonly understood that inflammation plays a key role in injuries and chronic pain. Cellular mechanisms are ultimately involved in the inflammatory process and healing, and the molecular machinery involves cellular signaling proteins or agents called cytokines. Given rapid developments in cytokine research, novel applications have emerged and one application is cytokine DNA signature testing which has been used as a specific test for certain pain diagnoses such as fibromyalgia or complex regional pain syndrome. The specific test for cytokine DNA testing is performed by the Cytokine Institute. (www.cytokineinstitute.com) Two articles were found on the website. However, these articles did not meet the minimum standards for inclusion for evidence-based review. (Gavin, 2007) (Gillis, 2007) In a research setting, plasma levels of various cytokines may give information on the presence, or even predictive value of inflammatory processes involved in autoimmune diseases such as rheumatoid arthritis. (Kokkonen, 2010)". Based on ODG guidelines evidence based medicine does not support the use of DNA testing at this time. As such, the request for non-invasive DNA testing is not medically necessary.

MRI of Left Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and Hand, Magnetic Resonance Imaging

Decision rationale: ACOEM states, "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Exceptions include the following:- In cases of wrist injury, with snuff box (radial-dorsal wrist) tenderness, but minimal other findings, a scaphoid fracture may be present. Initial radiographic films may be obtained but may be negative in the presence of scaphoid fracture. A bone scan may diagnose a suspected scaphoid fracture with a very high degree of sensitivity, even if obtained within 48 to 72 hours following the injury". ODG states for a wrist MRI "Indications for imaging -- Magnetic resonance imaging (MRI):- Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury)-

Chronic wrist pain, plain films normal, suspect soft tissue tumor- Chronic wrist pain, plain film normal or equivocal, suspect Kienbck's disease- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology". The treating physician has provided no evidence of red flag diagnosis, evidence of new injury or re-injury, and has not met the above ODG and ACOEM criteria for an MRI Of the wrist. As such, the request for MRI LEFT WRIST is not medically necessary.

Ortho shockwave: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ELBOW, ESWT Other Medical Treatment Guideline or Medical Evidence: pub med search ESWT and wrist

Decision rationale: The MTUS Physical Medicine guidelines recommend, "the use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes". The ODG guidelines were consulted for ESWT treatment of the elbow. ODG states, "Not recommended. High energy ESWT is not supported, but low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended. Trials in this area have yielded conflicting results. The value, if any, of ESWT for lateral elbow pain, can presently be neither confirmed nor excluded. After other treatments have failed, some providers believe that shock-wave therapy may help some people with heel pain and tennis elbow. However, recent studies do not always support this, and ESWT cannot be recommended at this time for epicondylitis". Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT):If the decision is made to use this treatment despite the lack of convincing evidence.(1) Patients whose pain from lateral epicondylitis (tennis elbow) has remained despite six months of standard treatment.(2) At least three conservative treatments have been performed prior to use of ESWT. These would include: (a) Rest; (b) Ice; (c) NSAIDs; (d) Orthotics; (e) Physical Therapy; (e) Injections (Cortisone). (3) Contraindicated in Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition.(4) Maximum of 3 therapy sessions over 3 weeks.ODG does not recommend the use of ESWT for the elbow. As such, the request for Ortho shockwave is not medically necessary.

Tramadol 150mg - Unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®)

Decision rationale: Tramadol is classified as central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, the setting of goals for the use of tramadol prior to the initiation of this medication, increased level of function, or improved quality of life. In addition, the utilization reviewer noted noncompliance based on urine drug screens and the patient was not taking the medication as prescribed. As such, the request for Tramadol 50mg #90 is not medically necessary.

MRI of Right Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and Hand, Magnetic Resonance Imaging

Decision rationale: ACOEM states, "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Exceptions include the following:- In cases of wrist injury, with snuff box (radial-dorsal wrist) tenderness, but minimal other findings, a scaphoid fracture may be present. Initial radiographic films may be obtained but may be negative in the presence of scaphoid fracture. A bone scan may diagnose a suspected scaphoid fracture with a very high degree of sensitivity, even if obtained within 48 to 72 hours following the injury". ODG states for a wrist MRI "Indications for imaging -- Magnetic resonance imaging (MRI):- Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury)- Chronic wrist pain, plain films normal, suspect soft tissue tumor- Chronic wrist pain, plain film normal or equivocal, suspect Kienbck's disease- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology". The treating physician has provided no evidence of red flag diagnosis, evidence of a

new injury or re-injury and has not met the above ODG and ACOEM criteria for an MRI of the wrist. As such, the request for MRI RIGHT WRIST is not medically necessary.