

Case Number:	CM14-0010452		
Date Assigned:	02/21/2014	Date of Injury:	06/24/2011
Decision Date:	06/30/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/27/2014

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, has a subspecialty in Pain Management and is licensed to practice in California. 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:

Patient is an injured worker with a date of injury of June 24, 2011. Primary treating physician's report dated 01-21-2014 was [REDACTED]: She is diagnosed with (a) status post right carpal tunnel release in August 13, 2013, right trigger thumb, (b) status post right shoulder arthroscopy, rotator cuff repair, Mumford's, and subacromial decompression, on September 18, 2012, (c) left shoulder strain, (d) cervical spine sprain and strain, bilateral upper radiculopathy, 2-mm disc bulge C5-C6, as per MRI scan in July 2011, (d) thoracolumbar sprain and strain, (e) right sacroiliac joint sprain, (f) right elbow medial and lateral epicondylitis, (g) sleep and psyche complaints, (h) gastrointestinal upset secondary to medications, and (i) right wrist and forearm tendinitis, de Quervain's tenosynovitis, mild and moderate carpal tunnel syndrome. I saw the patient on September 27, 2013. Examination of the right wrist revealed tenderness. Examination of the lumbar spine revealed tenderness over the right sacroiliac joint. Range of motion was limited in all planes. Gaenslen's and Right sacroiliac stress tests were positive. On October 31, 2013, the patient reported that her right hand symptoms were increasing since the last visit from distal surgical scar to thenar eminence. She was utilizing Norco, once for three times a day. Examination of the right wrist revealed limited radial deviation and flexion. There was tenderness over the distal surgical scar, thenar eminence and radial wrist. Tinel's sign was positive, eliciting local tenderness only. Right thumb trigger was positive for producing partial pain. Examination of the lumbar spine revealed bilateral muscle guarding. There was tenderness over the right sacroiliac joint. Gaenslen's test was positive. The patient provided a urine sample on her previous visit. The sample was sent to Pharmatech laboratory for confirmation and quantification. The urine sample was positive for hydrocodone, hydromorphone, acetaminophen screen, and tramadol and negative for evidence of illicit substances. In her most recent examination on November 31, 2013, examination of bilateral shoulders revealed tenderness over

periscapular region. Trigger points were noted, bilaterally. Cross arm test elicited posterior pain. Impingement test was positive, bilaterally. Examination of the lumbar spine revealed decreased lordosis. There was tenderness over the paravertebral muscles and trapezius trigger points. Muscle guarding was present. Axial compression test elicited local pain. Examination of the right wrist and hand showed tenderness over flexor tendons. There was also tenderness over middle the A-1 pulley to her thumb. Thumb extension was decreased. Examination of the lumbar spine revealed tenderness over the paravertebral muscles with slight muscle guarding. Straight leg raise test elicited low back pain. There was also tenderness over the right gluteal and sacroiliac joint. PR2 primary treating physician's progress report dated 11-13-2013 documented: "Patient reports recent onset of total body itching with use of Norco 10/325 three weeks ago and with Norco 7.5/325 past few days." Treatment plan documented: "Patient advised to discontinue Norco for pain due to itching." Request was submitted on 01-13-2014 for Norco 7.5/325 #60, and right thumb trigger cortisone injection under ultrasound guidance. Utilization review dated 01-23-2014 recommended certification of right trigger cortisone injection, but non-certification of ultrasound guidance. The request for Norco was partially certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 7.5/325 #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 74-82

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines - Opioids Page(s): 79-80.

Decision rationale: PR2 primary treating physician's progress report dated 11-13-2013 documented: "Patient reports recent onset of total body itching with use of Norco 10/325 three weeks ago and with Norco 7.5/325 past few days." Treatment plan documented: "Patient advised to discontinue Norco for pain due to itching." Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 79-80) recommends the discontinuation of opioids when there is evidence of intolerable adverse effects. Patient reported itching with the use of Norco. Per MTUS guidelines, Norco should be discontinued. Therefore, the request for NORCO 7.5/325 #60 is Not medically necessary.

RIGHT TRIGGER FINGER CORTISONE INJECTION UNDER ULTRASOUND:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL ENVIRONMENTAL MEDICINE, CHAPTER 11,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-286, 264, 265, 268-269 Table 11-6, 271-273.

Decision rationale: Primary treating physician's report dated 01-21-2014 documented the diagnosis of right trigger thumb, with tenderness of thumb, and decreased thumb extension. Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaints (Page 253-286) recommends injection of lidocaine and corticosteroids for trigger finger. ACOEM guidelines recommend history and physical examination for the diagnosis of trigger finger. ACOEM do not recommend imaging studies for trigger finger. MTUS and ACOEM guidelines do not recommend ultrasound guidance. Therefore, the request for right trigger finger cortisone injection UNDER ULTRASOUND is NOT medically necessary. Therefore, the request for RIGHT TRIGGER FINGER CORTISONE INJECTION is Medically Necessary.