

Case Number:	CM14-0017387		
Date Assigned:	04/28/2014	Date of Injury:	07/01/2009
Decision Date:	06/02/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/11/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 male who reported an injury on 7/1/09. The mechanism of injury was slipping and falling backward while working on a tractor. The injured worker had two right shoulder surgeries. The documentation indicated that he had been initiated on Ketamine pops with DM on 9/3/13. Other medications on that date of service included Omeprazole 20mg, 1 capsule daily; Allegra 180mg, 1 tablet once a day for 30 days; and Tylenol with codeine #4, 300 mg - 60 mg, 1 tablet 4 times a day for 30 days, dispense 120. The documentation of 1/23/14 revealed that the injured worker had pain originating in the right arm from the shoulder to fingertips. The pain was rated 9/10 while the injured worker was moving the arm; when the right arm was still, it was 6/10. The pain was constant and aching with a shooting and hot burning sensation pain from the right arm, radiating to the shoulders, upper back, and left arm. The injured worker indicated he had tried multiple opioids and nonopioid medications to decrease the pain in the lower back, including morphine, Percocet, Cymbalta, and Gabitril; he indicated that he had an allergic reaction involving swelling of the face and itch with those previous medications. The injured worker further indicated that Tylenol #4 was not effective at reducing the severity of the shoulder pain; however, he indicated he would continue using it with Allegra to reduce the reaction until a more effective medication could be found that he did not react to. Diagnoses included reflex sympathetic dystrophy of the right upper extremity and unspecified opioid-type dependence. The treatment plan included continuing the medications and performing a left ultrasound-guided TCL injection for carpal tunnel syndrome. The physical examination of the left wrist revealed a negative compression test on the left wrist and a negative Finkelstein's on the left wrist. It was indicated that the left upper extremity was diaphoretic compared to the right by approximately 2 degrees. The injured worker had thicker hair density on the right upper extremity. The injured worker had extension -20 degrees on the digits of the right hand and could

not extend. The recommendation was for Ketamine pops, due to the fact the injured worker required an MDNA antagonist that does not attach to opioid receptors.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND GUIDED TCL INJECTION TO THE LEFT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: The ACOEM guidelines indicate that the exception to invasive techniques include corticosteroid injections about the tendon sheaths or possibly the carpal tunnel in cases resistant to conservative therapy for 8-12 weeks. Other invasive techniques have insufficient high-quality evidence to support their use. The documentation indicated that Tinel's testing was positive on the left. However, there was a lack of documentation of conservative therapy for 8-12 weeks, including splinting. Given the above, the request for ultrasound-guided TCL injection to the left wrist is not medically necessary.

120 TYLENOL-CODEINE #4, 300MG 60MG: 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 Page(s): 60,78,86.

Decision rationale: The California MTUS guidelines recommend opiates for the treatment of chronic pain; however, there should be documentation of objective functional improvement, an objective decrease in pain, and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication since September 2013. There was a lack of documentation of objective functional improvement, an objective decrease in pain, and documentation that the injured worker was being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated that Tylenol #4 was not effective in the reduction of the severity of shoulder pain. Additionally, the request as submitted failed to indicate a frequency for the requested medication. The California MTUS guidelines also recommend that the cumulative dosing should not exceed 120mg of oral morphine equivalents per day. The daily morphine equivalent dose would be 3600 milli-equivalents of morphine, which far exceeds guideline recommendations. As such, the request is not medically necessary.

30 ALLEGRA 180MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com/allegra.html.

Decision rationale: Drugs.com indicates that Allegra is an antihistamine that reduces the effects of natural chemical histamines in the body. The clinical documentation submitted for review indicated that the injured worker was taking medication to decrease the allergic reaction of Tylenol #4. As the medication Tylenol #4 was found to be not medically necessary, the request is not medically necessary.

30 OMEPRAZOLE 20MG: 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 Page(s): 67.

Decision rationale: The California MTUS guidelines recommend proton pump inhibitors (PPIs) for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication for more than five months. There was a lack of documentation of efficacy for more than four months. The request as submitted failed to provide documentation of the requested frequency. Given the above, the request is not medically necessary.

30 KETAMINE POPS 10MG WITH DM 4MG: 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 Page(s): 56. Decision based on Non-MTUS Citation Drugs.com/dextromethorphan.html.

Decision rationale: The California MTUS Guidelines do not recommend Ketamine and indicate it is under study for complex regional pain syndrome. More studies are needed to further establish the safety of this drug before it can be recommended. With the addition of DM or Dextromethorphan, secondary guidelines were sought. Per drugs.com, Dextromethorphan is a cough suppressant. The clinical documentation submitted for review indicated the injured worker had been utilizing the Ketamine pops since September 2013. It was further indicated that the injured worker required an MDNA antagonist that does not attach to opioid receptors, as he has had allergic reactions to multiple opioid and nonopioid medications, and had yet to experience his pain being reduced to a tolerable level. However, even though the injured worker had been utilizing the medication for four months, there was a lack of documentation of efficacy for the

requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request is not medically necessary.