

Case Number:	CM14-0111621		
Date Assigned:	09/16/2014	Date of Injury:	09/12/2013
Decision Date:	10/15/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/17/2014

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 Family Medicine 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:

The patient is a 47 year-old male who was injured at work on 9/12/2013. The injury was primarily to his right hand. He is requesting review of denial for the following: Comprehensive History and Physical Examination; Relafen 750 mg BID #60; Percocet 5/325 mg 1 every 6 hours as needed #30; and 12 Certified Hand Therapy Sessions. Medical records corroborate ongoing care for his injuries. He complains of continued pain in his right hand and forearm that is associated with tingling, numbness and paresthesia. His chronic diagnoses include: Right Sided Carpal Tunnel Syndrome or Ulnar Neuropathy; CRPS Type 1 of the Right Upper Extremity; Right Upper Extremity Neuropathic Pain; and Chronic Myofascial Pain Syndrome. He was treated with Naproxen 550 mg BID and a titrating dose of Neurontin. Additional treatments have included: a TENS Unit; Occupational/Physical Therapy; and a Self-Directed Home Exercise Program. An EMG/NCV of the right upper extremity was certified between 1/14/2014 and 3/18/14. There is no record that this test has been performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive history and physical: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-42.

Decision rationale: The guidelines used by the Claims Administrator are not clearly stated in the UR determination. The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 2 General Approach to Initial Assessment and Documentation, page 21-42. The Expert Reviewer's decision rationale: The MTUS/ACOEM Guidelines comment on the general approach to the initial assessment of a patient. These guidelines describe the basis for the history and physical examination as part of the assessment of the patient's problem. For example, these guidelines state that the content of this evaluation may: - Relate to the demands of the job in question.- Relate specifically to the employee's medical condition (if there is a question that the medical condition may adversely affect the employee's ability to perform the essential job functions).- Include understanding and documentation of the employee's disabling medical condition.- Consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability.- Consider the need for rehabilitation. In this case there is no description provided to determine the rationale behind this request for a comprehensive history and physical examination and how this differs from the ongoing assessments already provided by those physicians who have cared for this patient's injuries. In summary, there is insufficient justification for this request and therefore a comprehensive history and physical is considered as medically unnecessary.

Relafen 750 mg 1 by mouth twice a day #60: 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 NSAIDs Page(s): 67, 70, 72, 73.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the criteria for the use of NSAIDs such as Relafen. The specific recommendations state the following: Those NSAIDs are "recommended at the lowest dose for the shortest period in patients with moderate to severe pain." Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with Naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Overall Dosing Recommendation: It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals (Page 70). Relafen is a non-selective NSAID (Page 72-73). Specific information on Relafen is as follows:

Nabumetone (Relafen, generic available): 500, 750 mg. Dosing: Osteoarthritis: The recommended starting dose is 1000 mg PO. The dose can be divided into 500 mg PO twice a day. Additional relief may be obtained with a dose of 1500 mg to 2000 mg per day. The maximum dose is 2000 mg/day. Patients weighing less than 50 kg may be less likely to require doses greater than 1000 mg/day. The lowest effective dose of Nabumetone should be sought for each patient. Use for moderate pain is off-label. (Relafen Package Insert) In this case the patient's use of an NSAID exceeds the MTUS guidelines for duration; specifically, that the lowest effective dose be used for the shortest duration of time. There is insufficient documentation that there has been ongoing monitoring of the effectiveness of Relafen on the patient's pain or function. Therefore, Relafen is not a medically necessary treatment.

Percocet 5/325mg 1 by mouth every 6 hours as needed #30: 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 Opioids Page(s): 76-78, 80.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids. These guidelines have established criteria on the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic back pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Percocet is not medically necessary.

12 certified hand therapy sessions: 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): 264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand, Physical Therapy.

Decision rationale: The MTUS/ACOEM Guidelines comment on the use of physical therapy for conditions involving the forearm, wrist and hand. These guidelines state that for physical therapy patients should receive: - Instruction in home exercise. Except in cases of unstable fractures or acute dislocations, patients should be advised to do early range-of-motion exercises at home. Instruction in proper exercise technique is important, and a physical therapist can serve to educate the patient about an effective exercise program.- Manipulation has not been proven effective for patients with pain in the hand, wrist, or forearm. Studies show that therapeutic touch is no better than placebo in influencing median-motor-nerve distal latencies, pain scores, and relaxation scores. Using a magnet for reducing pain attributed to CTS is no more effective than using the placebo device.- Physical modalities, such as massage, diathermy, cutaneous laser treatment, "cold" laser treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. Limited studies suggest there are satisfying short- to medium-term effects due to ultrasound treatment in patients with mild to moderate idiopathic CTS, but the effect is not curative. Patients' at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. The Official Disability Guidelines (ODG) comment on the use of Hand Therapy/Physical Therapy. The ODG guidelines state that physical therapy should allow for a fading of treatment frequency (from 3 or more visits per week) to 1 or less plus a self-directed home exercise program. In summary, the medical records indicate that this patient has already undergone an occupational/physical therapy program for this injury; although the number and type of sessions is not defined in the records. Further, there is no description provided of "a fading of treatment frequency" with a self-directed home exercise program. Therefore the request for 12 certified hand therapy sessions is not considered as medically necessary.