

Case Number:	CM14-0117115		
Date Assigned:	09/16/2014	Date of Injury:	05/26/2009
Decision Date:	11/06/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/25/2014

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 Occupational 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:

This is a 44-year-old female with a 5/26/09 date of injury. The mechanism of injury occurred when she was kneeling down and her knee popped. When she tried to get up she was unable and landed with her upper extremities. According to a progress report dated 7/2/14, the patient stated that her left knee gave out and that she tried to grab with the right hand and she hit her right elbow. She stated that her right elbow was still having pain and was also having numbness, tingling, and weakness of the hands also. Objective findings: exquisite tenderness at the lateral epicondyle of the right elbow, tenderness noted at the right and left wrist, slight tenderness positive at the medial joint line of left knee and slight crepitus positive and slight lateral malalignment, tenderness noted at the lateral peripatellar soft tissue. The patient is waiting to be seen by hand specialist for possible surgery of the bilateral carpal tunnel and waiting authorization for MRI of the right shoulder. Her medication regimen included Tramadol 50mg and Ketoprofen powder 10% cream for local application. Diagnostic impression: left knee sprain, right lateral epicondylitis, right medial epicondylitis, right and left wrist sprain, right forearm extensors tendinitis, bilateral severe carpal tunnel. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 6/28/14 certified the requests for referral to hand surgeon and urine drug screen and denied the requests for MRI right shoulder and Tramadol/Ketoprofen cream. Regarding referral to hand surgeon, guidelines support referral to a specialist when treatment requirements are complex or outside the scope of the treating provider. Regarding urine drug screen, routine drug screening is appropriate and necessary to monitor compliance with medication regimen. Regarding MRI right shoulder, there is no documentation of emergence of a red flag; physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or to further evaluate the possibility of potentially serious pathology, such as tumor.

Regarding Tramadol/Ketoprofen cream, topical Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refer to hand surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23 Clinical Topics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page(s) 127, 156 Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. However, in the present case, the provider has requested a referral to a hand specialist for possible surgery of the bilateral carpal tunnel. The previous UR decision certified this request on 6/28/14. It is unclear why a duplicate request is being made at this time. Therefore, the request for Refer to hand surgeon was not medically necessary.

MRI right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, 209, Chronic Pain Treatment Guidelines 9792.23.2 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, MRI

Decision rationale: CA MTUS criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, ODG criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. However, in this case, there is no documentation of subjective shoulder complaints or physical examination of the shoulder. Normal plain radiographs were not provided for review. A specific rationale as to why this patient would require a shoulder MRI at this time was not provided for review. Therefore, the request for MRI right shoulder was 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-TWC

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 43, 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. However, in this present case, the request for Tramadol has been found to not be medically necessary. The patient is not taking any other opioid medications. As a result, this associated request cannot be substantiated. Therefore, the request for Urine drug screen was not medically necessary.

Tramadol/Ketoprofen 10 % cream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Topical

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, 9792.24.2 Page(s): 25, 28, 111-113 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding Tramadol/Ketoprofen cream, this request is unclear. In the progress note, the patient is taking oral Tramadol tablets and using topical Ketoprofen cream for local application. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, or CURES monitoring. Guidelines do not support the use of Ketoprofen in a topical formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Tramadol/Ketoprofen 10% cream was not medically necessary.