

Case Number:	CM14-0135282		
Date Assigned:	08/27/2014	Date of Injury:	05/18/2010
Decision Date:	09/24/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/14/2014

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 Interventional Spine 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 55 years old male with an injury date on 05/18/2010. Based on the 06/02/2014 progress report provided by [REDACTED], the diagnoses are: 1. Right wrist internal derangement: History of scapholunate ligament/TFC tear. 2. Bilateral de Quervain tenosynovitis. 3. Cervical spine disc disease with stenosis and cord compromise. 4. Bilateral carpal tunnel syndrome: Status post right carpal tunnel release. 5. History of factor V Leiden disorder with recurrent thrombosis, on chronic Coumadin. 6. Hypertension. 7. Adult onset diabetes. 8. Right lateral epicondylitis: Status post platelet-rich plasma injection. According to this report, the patient complains of neck pain and wrist pain. Cervical range of motion is restricted with pain. Persistent pain is noted at the right volar wrist with tenderness. Tinel test is positive. The 06/03/2014 report indicates patient's neck pain is a 9/10 with numbness and tingling, right elbow pain 8/10, right wrist pain 9.5/10 with numbness and tingling, and left hand 8.5/10 with numbness and tingling. The patient also reports ongoing depression, anxiety, and lack of sleep. Tenderness is noted at bilateral wrist along the triangular fibrocartilage region and along the basal thumb. Phalen's test is positive on the left and decreased grip test on the right. There were no other significant findings noted on this report. The utilization review denied the request on 07/24/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/03/2013 to 06/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Opana ER 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section Oxymorphone (opana).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS; Opioids for chronic pain Page(s): 60-61; 88-89; 80-81.

Decision rationale: According to the 06/02/2014 report by [REDACTED] this patient presents with neck pain and wrist pain. The treater is requesting 1 prescription of Opana ER 7.5 mg. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the reports show numerical scale to assessing the patient's pain levels but no assessment of the patient's average pain, with and without medication. There are no discussions regarding functional improvement specific to the opiate use. There is no opiate monitoring such as urine toxicology. None of the reports discuss significant change in ADLs, change in work status, or return to work attributed to use of Opana ER. MTUS require not only anagesia but documentation of ADL's and functional changes. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Recommendation is for denial.

1 Prescription of Gabapentin 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available); Gabapentin (Neurontin) Page(s): 18-19; 49.

Decision rationale: According to the 06/02/2014 report by [REDACTED] this patient presents with neck pain and wrist pain. The treater is requesting 1 prescription of Gabapentin 600 mg. Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, MTUS Guidelines recommend for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." gabapentin was first mentioned in the 07/01/13 report; it is unknown exactly when the patient initially started taking this medication. Review of reports indicate the patient has neuropathic pain of the upper extremities. The ODG guidelines support the use of anti-convulsants for neuropathic pain. However, the treater does not mention that this medication is working. There is no discussion regarding the efficacy of the medication. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. Recommendation is for denial.

Unknown weeks of home care assistance: 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 Home health services Page(s): 51.

Decision rationale: According to the 06/02/2014 report by [REDACTED] this patient presents with neck pain and wrist pain. The treater is requesting unknown weeks of home care assistant but the treating physician's report and request for authorization containing the request is not included in the file. Regarding home care, MTUS guidelines recommend medical treatment for patients who are home bound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. MTUS guidelines typically do not consider homemaking services such as shopping, cleaning, laundry, and personal care, medical treatments if these are the only services needed. Review of records indicated that the patient "does very light housework" such as vacuuming, dusting, and laundry. The patient "is able to tend to all of his grooming and dressing," and is not home bound. In this case, there is no documentation of why the patient is unable to perform self-care. No neurologic and physical deficits are documented on examination and diagnosis other than chronic pain. Without adequate diagnostic support for the needed self care such as loss of function of a limb or mobility, the requested home health care would not be indicated. In addition, the requested homecare does not include a time-frame or duration. ODG recommends on a part-time or intermittent basis. Due to lack of specificity in request, recommendation is for denial.