

Case Number:	CM14-0180403		
Date Assigned:	11/05/2014	Date of Injury:	05/17/2013
Decision Date:	12/10/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/30/2014

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 Orthopedic Surgeon, Hand Surgeon, and is licensed to practice in South Carolina and Tennessee. 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 56-year-old male who reported an injury on 05/17/2013 due to pushing wheels into a chair. His diagnoses included a right wrist internal derangement and status post right wrist surgery. His past treatments included a wrist brace, physical therapy, modified work duties, surgery, home exercise, and medication. His diagnostic studies included a CT, MRIs, an x-ray, and an EMG/NCV study of the bilateral upper extremities. His surgical history included a right wrist/hand arthroscopy on. On 10/23/2014, the injured worker complained of right hand pain with occasional numbness and tingling of the fingers. The physical examination revealed full range of motion of the right wrist. It was also noted no evidence of motor strength in either upper extremity. His medications included Naprosyn sodium 550 mg, pantoprazole 20 mg, Enova RX/cyclobenzaprine 2% cream. Frequency was not provided. The treatment plan included a request for a right wrist brace, a hand surgeon consultation, and physical therapy. Requests were made for physical therapy times 12 visits, a referral to a medication management, Naprosyn sodium 550 mg (Anaprox) #60, pantoprazole 20 mg (Protonix) #60, and Enova RX/cyclobenzaprine 2% cream. A rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The request for physical therapy x 12 visits is not medically necessary. According to the California MTUS Guidelines, physical medicine may be recommended for the treatment of neuralgia, neuritis, and radiculitis with 8 to 10 visits. The injured worker was noted to have had at least 6 previous physical therapy visits following his surgery. However, there was insufficient evidence of objective functional improvement from that treatment. Additionally, the injured worker had normal range of motion and motor strength of the right wrist upon physical examination on 10/23/2014. In the absence of significant functional deficits and details regarding past physical therapy for the right wrist, the request is not supported by the guidelines. As such, the request for physical therapy x 12 visits is not medically necessary.

Referral to medication management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand, Office visits.

Decision rationale: The request for referral to medication management is not medically necessary. According to the Official Disability Guidelines, the need for a clinical office visit is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Furthermore, the determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicine such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The injured worker was noted to be status post right wrist surgery and was also noted not to be taking any opiates or medicines such as antibiotics that require close monitoring. The documentation failed to provide evidence in regards to a need for medication management. Based on the absence of documentation showing use of medications that require close monitoring and a lack of evidence to indicate a change in patient concerns, signs and symptoms, and clinical stability, the request is not supported by the guidelines. As such, the request for a referral to medication management is not medically necessary.

Naproxen Sodium 550mg (Anaprox) #60, Pantoprazole 20mg (Protonix) #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications and NSAIDs, GI symptoms & cardiovascular risk Page(s): 22; 68.

Decision rationale: A request for Naprosyn sodium 550 mg #60 and pantoprazole 20 mg #60 is not medically necessary. According to the California MTUS Guidelines, anti-inflammatory medications or NSAIDs are recommended as first line treatments, to reduce pain so activity and functional restoration can resume, however, long term use may not be warranted. In addition, the guidelines state that clinical trials on efficacy and safety of a drug has only been found for low back pain to support the effectiveness of NSAIDs. The guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events when NSAIDs are prescribed or for those with complaints of dyspepsia related to NSAID use. The injured worker was noted to have been taking Naproxen and Pantoprazole since at least 04/22/2014. However, there was no evidence of significant risk factors or gastrointestinal events or significant gastrointestinal upset with use of Naproxen to warrant a proton pump inhibitor. There was lack of evidence indicating pain relief, increased function or any side effects from taking Naproxen and decreased GI symptoms from taking Pantoprazole, the request is not supported by the guidelines. In addition, the request fails to provide the frequency of each medication. As such, the request for Naprosyn sodium 550 mg #60 and pantoprazole 20 mg #60 is not medically necessary.

EnovaRX - Cyclobenzaprine 2% cream: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The request for Enova Rx-cyclobenzaprine 2% cream is not medically necessary. According to the California MTUS Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and they are primarily recommended for neuropathic pain when the trials of antidepressants and anticonvulsants have failed. In addition, the guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The injured worker is noted to be postsurgical right wrist hand surgery and has chronic pain. The documentation lacked to provide evidence of failed trials of antidepressants and anticonvulsants. The guidelines clearly state that there is no evidence for use of any muscle relaxants as a topical product. Based on an absence of documentation confirming the failed trial of antidepressants and anticonvulsants and as the requested compound contains an agent that is not recommended, the request is not supported by the guidelines. Additionally, the request, as submitted, failed to indicate a quantity and frequency of use. As such, the request for Enova Rx-cyclobenzaprine 2% cream is not medically necessary.