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| Case Number: | CM14-0065841 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 01/05/2008 |
| Decision Date: | 08/20/2014 | UR Denial Date: | 04/29/2014 |
| Priority: | Standard | Application Received: | 05/08/2014 |

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 Surgery 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 59 year old male with industrial injury date of 01/05/2008. The patient is status post right ulnar shortening osteotomy on 3/14/2011, right shoulder arthroscopy on 9/12/2011, left knee arthroscopy on 1/09/2012, and extensor pollicis longus tendon transfer of right thumb on 4/23/2013. He completed 12 post-operative Physical Therapy sessions for the right wrist/thumb. He has also had at least 7 acupuncture sessions, 48 Physical Therapy sessions, and 6 chiropractic/Physical Therapy sessions, which helped. He last worked in 2008. He is currently followed by [REDACTED] for chronic complaints. A supplemental AME report dated 12/26/2013 issued by [REDACTED] provided recommendations for future medical treatment as follows: Cost of future right shoulder and right wrist MRI and x-ray examination is open to this patient develop escalating symptoms with regard to his right upper extremity. Additionally, future EMG/NCV (Electromyography / Nerve Conduction Velocity) studies of this patient's right upper extremity should he develop signs of escalating polyneuropathy with progressive functional impairment of the right hand. Cost of future diagnostic studies of CBC (Complete Blood Count) and function tests shall be open in this case, if he continues taking the medications as required for his ongoing occupational related symptoms. These should be authorized once or twice a year to rule out any adverse organ dysfunction secondary to medication use. Provisions should be made for access to medical care for medical/orthopedic surgical follow-up for this patient's right upper extremity (right hand, right elbow-ulnar nerve, right shoulder), as well as orthopedic follow-up for his left knee and cervical spine, should the patient develop escalating symptoms, unresponsive to the course of his independent exercise home management. Future authorization should remain open for the course of conservative treatment to include physical therapy/occupational therapy for the patient's right hand, as well as a course of physical therapy, chiropractic treatment and acupuncture for the patient's cervical spine as well as any escalation in regards to the patient's

right shoulder and left knee symptoms. Cost for future pharmacologic interventions should remain open to include non-steroidal anti-inflammatory medications, Omeprazole, Lidopro topical, Ketoprofen topical and Docusate. Additionally, rare but judicious use of narcotic analgesics should be authorized in the future should the patient experience severe symptomatology. Cost for future durable medical equipment should remain open to include a TENS (Transcutaneous Electric Nerve Stimulation) unit for the patient's left knee osteoarthritis symptoms. Additionally, cost for TENS unit and H-wave should remain open for the patient's cervical spine chronic pain symptomatology. Cost for future cubital tunnel decompression surgery with transposition should remain open should the patient develop escalating ulnar nerve symptomatology in his function. It is noteworthy that he already has been documented by electrophysiologic studies to have mild neuropathy of the cubital tunnel. His symptoms are somewhat minor at the current time, however, may increase in future with progressive usage of his right upper extremity. It is this examiner's opinion that no future surgical intervention, stemming from patient's occupational cervical spine or left knee injury of 1/5/2008. The medical records available document several prior peer review/UR determinations have been completed for various requests on behalf of this patient. The records reveal an 11/5/2013 peer review noncertified Omeprazole, Docuprene and Lidopro topical prescribed on 9/26/2013. Additionally, request for ongoing care with orthopedic hand surgeon for the right hand/wrist and interlaminar ESI (Epidural Steroid Injection) at C5-6 and C6-7 were non-certified. Requests for ongoing care with orthopedic surgeon for the left knee and right shoulder were modified to allow one follow-up visit. The requests for naproxen prescribed on 9/26/2013 and follow-up visit in 5 weeks were certified. Peer review on 3/14/2014 certified Naproxen and noncertified Omeprazole, Docuprene, topical ointment, and ongoing care for left knee, shoulder and right hand/wrist. According to the Primary Treating Physician progress report dated 1/21/2014, the patient has a follow-up regarding neck and low back complaints. He is status post right hand surgery on 7/25/2013. He has had acupuncture and Physical Therapy which helped decrease pain and increase mobility and chiropractic/physiotherapy which helped decrease pain. He is able to exercise better because of this therapy. He complains of 6/10 neck pain, bilateral upper extremity numbness and tingling to hands. He takes Norco and naproxen, and Docuprene, Omeprazole, Lidopro cream, and denies any side effects with medications. Objective examination documents no acute distress, mildly antalgic gait, tenderness to palpation of paraspinals, decreased sensation to right C5 to C8 dermatomes and left L4 to S1 dermatomes, well healed incision over the right wrist, 5-/5 right deltoid, biceps, internal/external rotators, left quadriceps and TA, 4+/5 right wrist extensors/flexors, and 5/5 in the rest of upper and lower extremities. Lhermittes and Spurlings are positive bilaterally, causing pain in the shoulder. According to the 04/14/2014 pain management progress report the patient presents with complaints of neck, right shoulder and left lower extremity pain. He describes neck pain rated 4-8/10 and aching in the right shoulder that is worsened with lifting and pushing/pulling activities. He takes Naproxen and Docuprene, as well as topical Ketoprofen. He denies side effects with medications. Orthopedic examination documents mildly antalgic gait, tenderness with palpation of paraspinals decreased sensation to right C5 to C8 dermatomes and left L4 to S1 dermatomes, well healed incision over the right wrist, 5-/5 right deltoid, biceps, internal/external rotators, left quadriceps and TA, 4+/5 right wrist extensors/flexors, and 5/5 in the rest of upper and lower extremities. The patient was provided Ketoprofen cream. Request is also for orthopedic consult for complaints and possible right shoulder injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen cream 20% #1 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Ketoprofen is not FDA-approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Only FDA approved are recommended. The CA MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In addition, the medical records clearly document the patient tolerates standard oral analgesics. The medical necessity of this compounded topical product is not established. Therefore, the request for Ketoprofen cream 20% #1 with 2 Refills is not medically necessary and appropriate.

General Orthopedic care for the left knee and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: The CA MTUS ACOEM guidelines state, under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. According to the medical records, the patient had previously been authorized an orthopedic consultation per peer review in November 2013. The patient is already under the care of PTP [REDACTED], an orthopedic surgeon. The patient was evaluated by [REDACTED] on 1/21/2014, and the more recent medical records indicate that this patient's orthopedic complaints have been essentially stable. There is no indication that the patient is a candidate for further surgery, there is no clear indication that this patient requires ongoing care of an orthopedic nature. The purpose of this request is unclear. Therefore, the request for General Orthopedic care for the left knee and right shoulder is not medically necessary and appropriate.

Ongoing orthopedic care for the right hand and wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultations Chapter 7 page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: The CA MTUS ACOEM guidelines state, under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. According to the medical records, the patient had previously been authorized an orthopedic consultation per peer review in November 2013. The patient has been under the care of PTP (Primary Treating Physician) [REDACTED] an orthopedic surgeon. The patient was evaluated by [REDACTED] on 1/21/2014, and the more recent medical records establish that this patient's orthopedic complaints have been essentially stable. There is no indication that the patient is a candidate for further surgery, there is no clear indication that this patient requires ongoing care of an orthopedic nature. The purpose of this request is unclear. As such, the request of ongoing orthopedic care for the right hand and wrist is not medically necessary and appropriate.

Pain management consult for the left knee, right shoulder, right hand, and right wrist with medication management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79, 92.

Decision rationale: The CA MTUS ACOEM guidelines state, under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The guidelines also state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The patient had a pain management evaluation on 4/1/2014. He manages chronic pain complaints with NSAIDs. There is no indication that the patient requires medication management such as for chronic opioid use. The treating physician should be able to manage the patient's medications. The medical report documents his subjective complaints and objective findings are essentially unchanged from prior evaluations. The medical records do not establish routine follow-ups are required for this chronic and stable condition. Therefore, the request for Pain management consultation for the left knee, right shoulder, right hand, and right wrist with medication management is not medically necessary and appropriate.

Follow-up visit in 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Lumbar Chapter Office visits.

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

Decision rationale: The CA MTUS ACOEM guidelines state, under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. According to the Official Disability Guidelines, office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines 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 determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In the case of this patient, given the apparent stability of his long-standing complaints, the medical records do not establish that follow-up in 6 weeks is medically warranted. Given the chronicity of his condition, stable objective findings, no indication of change/worsening of his functional status, follow up as needed or no sooner than 3 months' time would be more appropriate, and consistent with best medical practices. Therefore, the request for Follow-up visit in 6 weeks is not medically necessary and appropriate.