MAXIMUS Federal Services

Case Number:	CM14-0070482		
Date Assigned:	07/14/2014	Date of Injury:	08/10/2011
Decision Date:	09/11/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/15/2014

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 claimant is a 40-year-old female who sustained a vocational injury while working as a bus driver on August 10, 2011. The claimant had an MRI of the right wrist on March 22, 2014 showing partial tear of the scapholunate ligament with bone marrow edema. There was a mild amount of fluid within the distal radial ulnar joint with disruption of the triangular fibrocartilage above attachments. MRI was negative for ulnar variance. She had radial carpal joint space narrowing with thinning of the underlying articular cartilage and subchondral cyst in the distal radius. There was a partial complete tear of the extensor carpi ulnaris tendon and fluid surrounding the extensor digiti minimi tendon extensor digitorum, tendon slips through these are likely intact. There is minimal fluid surrounding the median nerve in the carpal tunnel and a small amount of fluid throughout the carpal grooves in the surrounding distal ulnar. The most recent office note available for review is from April 30, 2014 at which time the claimant complained of bilateral wrist and right shoulder pain. The pain was described as aching. She continued to be symptomatic at the ulnar side of the wrist, but it was noted to not have increased or worsened. She had been attending physical therapy. On exam, she walked with a significant limp. She had tenderness about the carpal tunnel and tenderness about the cubital tunnel as well. The ulnar side of the wrist joint was quite tender to palpation. There was a negative Watson shift maneuver with no instability. She had 4+/5 strength about the wrist on flexion, extension, dorsiflexion, and volar flexion. Sensation was diminished in the median and ulnar distribution with no signs of atrophy. Reflexes were within normal limits of the bilateral upper extremities. Range of motion was slightly decreased in the right wrist with regards to dorsiflexion, ulnar and radial deviation. The claimant was given diagnoses of persistent right wrist ulnar sided pain with numbness status post carpal tunnel release and ulnar decompression on February 4, 2013, left cubital tunnel syndrome, left carpal tunnel syndrome, left ring finger triggering, right carpal

tunnel syndrome, and right cubital tunnel syndrome. There are multiple requests for medication: The first is for diclofenac XR 100 mg dispense #30 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets Diclofenac XR 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69-70.

Decision rationale: California Chronic Pain Medical Treatment Guidelines have been referenced. California Chronic Pain Medical Treatment Guidelines note that there is routine suggested monitoring associated with antiinflammatories and specifically Diclofenac should include CBC and chemistry profile as well as liver transaminates. In addition, routine blood pressure monitoring is recommended. California Chronic Pain Medical Treatment Guidelines generally recommends the lowest effective dose be used for all NSAIDS for the shortest duration of time consistent with the individual treatment goals. Currently, there is no documentation suggesting that the claimant has attempted to wean off the antiinflammatories or lower dose has been recommended. In addition, there is no documentation to support there has been recent laboratory testing to include CBC, chemistry profile, liver transaminates, or blood pressure which are all recommended with the regular and routine use of antiinflammatories, specifically that of Diclofenac due to its potential side effect profile. Currently, Diclofenac is offered in dosages of 50 mg, or 75 mg. Generally doses greater than 150 mg are not recommended for osteoarthritis. Based on the documentation presented for review and in accordance with California Chronic Pain Medical Treatment Guidelines, the request for the continued use of Diclofenac XR 100 mg times #30 tablets cannot be considered medically necessary.

60 tablets Tramadol ER 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 93-94, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain chapter.

Decision rationale: In regards to the request for Tramadol Extended Release 150 mg, dispense #60 tablets, California Chronic Pain Medical Treatment Guidelines note that Tramadol is a synthetic opioid affecting the central nervous system and the long term use of opioid medications is generally not recommended due to the associated risks of significant adverse effects. Continued use of opioid based medications should be justified by documented pain levels and functional improvement as compared to the baseline prior to taking or without taking the

medication. Currently documentation presented for review suggests the claimant has been on Tramadol since August of 2013 and there is no documented quantifiable functional improvement, significant decrease in pain, any suggestions of weaning off the medication or documentation to suggest the claimant is not as comfortable or functional without the use of the medication. Subsequently, the request for the continued use of the Tramadol Extended Release 150 mg dispense #60 tablets cannot be considered medically necessary.

60 tablets hydrocodone/APAP 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 91, 124.

Decision rationale: In regards to the third request for hydrocodone 10/325 dispense #60 tablets, California Chronic Pain Medical Treatment Guidelines have been referenced. Short acting opioids of which hydrocodone is considered, is used for intermittent or breakthrough pain. In addition, California Chronic Pain Medical Treatment Guidelines suggests weaning of the medication in the form of a slow taper in an effort to prevent withdrawal. Opioids are considered noneffective if there is no documented proof of improvement or if the symptoms exacerbate while on the medication and there is no significant functional improvement or subjective decrease in the pain. Documentation suggests that the claimant has been on the medication of hydrocodone since August 30, 2013 and previous utilization review determination has recommended weaning of the medication and modified reviews to allow for this. Currently there is no documentation to suggest that the claimant or the provider has suggested or recommended a weaning taper and the continued regular use of the hydrocodone does not meet California Chronic Pain Medical Treatment Guidelines and subsequently cannot be considered as medically necessary.

100 capsules Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: In regards to the fourth request for omeprazole 20 mg dispense #100 tablets, California Chronic Pain Medical Treatment Guidelines have been referenced. Guidelines suggests that claimants should proceed with proton pump inhibitor such as omeprazole if there is a high risk of gastrointestinal events suspected, if claimant's are greater than 65 years of age, if there is concurrent use of aspirin, corticosteroids or anticoagulation or high dose/multiple antiinflammatory use. Currently, there is no documentation supporting that the claimant meets criteria for omeprazole or is at increased risk for gastrointestinal events with current medications. Subsequently, the continued use of diclofenac has also been considered not medically necessary

which in theory would decrease the risk of any gastrointestinal events. Furthermore, based on the documentation presented for review and in accordance with California Chronic Pain Medical Treatment Guidelines, the continued and regular use of omeprazole 20 mg dispense #100 tablets cannot be considered medically necessary.

1 orthopedic re-evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 196, 254, 262-263.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation -American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Chapter 7, page 127.

Decision rationale: In regards to the fifth and final request for an orthopedic reevaluation/consultation, California MTUS and ACOEM Guidelines have been referenced. California MTUS and ACOEM Guidelines support that reevaluation or consultation are suggested when there is a change in work status or modification, after appreciable healing or recovery is expected, if there is a presence of red flags which raise the suspicion of underlying medical conditions, referral to provider for second opinion or assistance for special need is recommended. Currently the claimant appears to have a longstanding history of chronic pain and symptoms which have remained unchanged for a long period of time from at least August of 2013. There is no documentation that the claimant's work status, subjective complaints, or abnormal physical exam objective findings have changed. California MTUS/ACOEM Guidelines recommend a second opinion evaluation in the absence of correlation between the cause and effect of chronic pain in the presence of red flags. The claimant has been documented with clear diagnosis with appropriately correlated symptoms and there appears to be no red flag findings based on the documentation presented for review. Due to the lack of changes and red flags, and what appears to be a setting of chronic pain with unchanged subjective complaints or abnormal physical exam objective finding, the medical necessity of a reevaluation with an orthopedic specialist has not been clearly defined and subsequently cannot be considered medically necessary based on Guidelines and documentation presented for review.