

<b>Case Number:</b>	CM14-0071789		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/18/2011
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Internal 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 case of a 63 year old female with a date of injury of 9/18/2011. She was roller skating at an all store meeting when she fell and injured her left wrist. She subsequently had surgical repair on 11/19/2013. Her subsequent treatment plan included anti-inflammatory medication, pain relieving modalities, manual therapies and therapeutic exercises. A primary treating physician report dated 3/18/2014 noted a slight improved range of motion with therapy. The TENS unit is helping with sensitivity on her wrist and hand. Bone density exam revealed osteoporosis. Objective findings noted active extension of her wrist at 30 degrees and passive extension at 45 degrees. Active flexion was noted at less than 20 degrees and passive flexion at 30 degrees. There is residual dysesthesia in the dorsal ulnar distribution. The patient is status post lunotriquetral joint fusion, status post scapholunate ligament repair, and still has ulnar sensory neuritis and is status post left wrist arthroscopy. The patient was also diagnosed with internal derangement of the left wrist and scapholunate ligament tear. On follow up appointment on 5/2014, she still complained of numbness on the top of her ring and little fingers. She feels a pulling sensation when attempting to flex or extend her wrist. Objective findings revealed hypertrophy scar over the dorsal left wrist. Active extension/flexion is 30/15 degrees, and passive extension/flexion is 60/45 degrees. Visible tethering of tendons was noted under the scar with passive flexion and extension of the wrist. X-rays of the left wrist revealed stable screw fixation across the lunotriquetral interval. The diagnosis was documented as extension tendon adhesions/ulnar sensory nerve entrapment of the left wrist status post lunotriquetral fusion. The injured worker is status post 1st extensor ulnar release of the left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone (Norco) APAP 10/325mg tab twice a day #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Section 9792.20, pages 74-79 Page(s): 74-79.

**Decision rationale:** Based on the MTUS Chronic Pain Guidelines, short-acting opioids are seen as an effective method in controlling pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short-acting agents due to their adverse effects. The duration of action is generally 3-4 hours. When considering opioids for on-going management of chronic pain, an adequate review and documentation of pain relief, functional status, appropriate medication use, and side effects should be documented. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long the pain relief lasts. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Consideration of a consultation with a multidisciplinary pain clinic is recommended if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Some of the reasons for discontinuation of opioids include if there is no overall improvement in function, unless there are extenuating circumstances, if there is continuing pain with evidence of intolerable adverse effects, if there is decrease of functioning, or resolution of pain. In this case, the patient continues to suffer from moderate to severe pain even in the setting of taking opioid medications. There also does not appear to be significant overall improvement of function. Lastly, it appears that patient has been on short-acting opioids for at least several months. Based on the evidence in this case and review of the MTUS Chronic Pain Guidelines, the request for Norco 10/325 mg one tab twice a day #60 is not medically necessary.

**Medrox pain relief ointment apply twice a day #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 105, 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines: Section 9792.20, pages 105, 110-113 Page(s): 105, 110-113.

**Decision rationale:** Medrox is a topical ointment that combines the ingredients of Methyl salicylate, menthol, and capsaicin 0.0375%. Based on the MTUS Chronic Pain Guidelines, topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would

provide any further efficacy. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful in patients whose pain has not been controlled successfully with conventional therapy. Conversely, topical salicylates (e.g. Ben-Gay, methyl salicylate) are recommended for chronic pain and are significantly better than placebo. In this case, the patient does still have persistent pain, but has no documented intolerance to other medication therapy. Also, the compound Medrox is considered experimental due to the high dose of capsaicin. Therefore, the request for Medrox ointment #120 is not medically necessary.

**Naproxen Sodium 550mg twice a day #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines: Section 9792.20 Page(s): 67-68.

**Decision rationale:** Non-steroidal anti-inflammatory drugs (NSAIDs) such as Naproxen are recommended as second-line treatment after acetaminophen for acute low back pain and acute exacerbations of chronic pain. In this case, the patient has been on NSAIDs for an extended period of time with no significant documented improvement. Therefore, the request is not medically necessary and appropriate.

**Omeprazole DR 20mg cap OD #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines: Section 9792.20 Page(s): 68.

**Decision rationale:** According to the MTUS Guidelines, patients who are at risk for gastrointestinal events include: patients > 65 years old, patients with a history of peptic ulcer, gastrointestinal bleeding or perforation, patients with concurrent use of aspirin, corticosteroids, and /or an anticoagulant, or high dose/multiple NSAID use. In this case, the patient is a 63 year old female without any documented history of peptic ulcer disease, gastrointestinal bleeding or perforation, or high dose/multiple NSAID use. Therefore, this puts her in a low risk category and the use of a non-selective NSAID alone is appropriate if indicated. Based on the MTUS Guidelines and the evidence in this case, the request is not medically necessary.