

Case Number:	CM14-0095346		
Date Assigned:	07/25/2014	Date of Injury:	06/25/2001
Decision Date:	12/18/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/23/2014

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 & 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 61-year-old female with a date of injury of 06/25/2001. According to progress report, 05/16/2014, the patient continues to have pain in her right wrist and left finger. The patient notes some swelling in the left middle finger and numbness and tingling in both hands. Examination of the right wrist revealed flexion 50 degrees, extension 60 degrees, and healed incision noted in bilateral hands. Examination of the left hand revealed left middle finger and right index finger tenderness over the flexor tendon. There was decreased sensation noted in the right hand. The listed diagnoses are rotator cuff syndrome, bilateral shoulders, bilateral carpal tunnel syndrome status post bilateral carpal tunnel release and left middle finger and right index finger tenosynovitis. Progress report 03/21/2014 and 02/03/2014 provide virtually identical subjective and objective findings and treatment recommendations. The physician is requesting urine toxicology test, Voltaren, Colace, and a topical compound cream. Utilization review denied the request on 06/09/2014. Treatment reports 02/03/2014, 03/21/2014 and 05/06/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Testing in 60-90 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests); Opioids, steps t.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine drug test Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, urine drug screening

Decision rationale: The physician is requesting authorization for urine toxicology testing in 60 to 90 days to be "used to assess in monitoring adherence to a prescription drug treatment regimen." While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear recommendation. ODG recommends once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. Review of the medical file indicates the patient was administered a UDS on 02/06/2014. The patient's medication regimen includes Voltaren, Colace, and a topical compound cream. In this case, due to the lack of documented opiate use, the requested Urinalysis for toxicology is not necessary and recommendation is for denial

Voltaren - Unspecified dosage and amount: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22, 60-61.

Decision rationale: This patient presents with continued pain in her right wrist and left middle finger. The physician is requesting a refill of Voltaren - unspecified dosage and amount. The MTUS Guidelines page 22 supports the use of NSAIDs for chronic LBP as a first line of treatment. The patient has been utilizing Voltaren since 02/03/2014. In this case, recommendation for further use of Voltaren cannot be supported as the physician provides no discussions regarding this medication's efficacy. The MTUS Guidelines page 60 requires recording of pain assessment and functional changes when medications are used for chronic pain. Given the lack of discussion regarding this medications effectiveness, recommendation is for denial.

Colace - Unspecified dosage and amount: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Opioid-induced constipation treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines discusses prophylactic Page(s): 76, 78.

Decision rationale: This patient presents with continued pain in the right wrist and left middle finger. The physician is requesting a refill of Colace - unspecified dosage and amount. The MTUS Guidelines page 76 through 78 discusses prophylactic medication for constipation when

medications are used. In this case, the patient's medication regimen does not include opioids. Furthermore, the physician provides no discussion regarding constipation to consider the use of Colace. Recommendation is for denial.

Flurbiprofen, menthol, capsaicin topical compound medication - Unspecified dosage and amount: 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: For Flurbiprofen, which is a non-steroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." For Capsaicin, MTUS Guidelines allow it for chronic pain conditions such as fibromyalgia, osteoarthritis, and nonspecific low back pain. In this case, the patient meets the indication for both topical agents Flurbiprofen and capsaicin. However, recommendation cannot be made as the physician has not provided a specific dosage for this prescription, thus rendering it invalid. MTUS Guidelines considers doses that are higher than 0.025% of capsaicin to be experimental. Without knowing the dose for capsaicin, recommendation for the compound topical cream cannot be made. Recommendation is for denial.