

<b>Case Number:</b>	CM14-0183536		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Rehab, and is licensed to practice in Wisconsin. 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 60-year-old female who reported an injury on 06/27/2013. The mechanism of injury was not specified. Her current diagnoses include osteoarthritis of the CMC joint of the right thumb and acquired trigger thumb. Her past treatments include modified activities, work restrictions, occupational therapy, topical analgesics and NSAIDs. The diagnostic studies include an x-ray of her right hand on 02/19/2014, which revealed mild migration of the base of the 1st metacarpal with respect to the interposition arthroplasty space without bony contact between the base of the 1st metacarpal and that of the 2nd metacarpal or the trapezoid bone. Additionally, there were degenerative changes at the scaphoid trapezoid joint and the 2nd CMC joint of the right hand. Her surgical history includes CMC joint arthroplasty on 11/05/2013. On 10/08/2014, the injured worker presented with continuous pain in her right thumb and she reported wearing a thumb spica brace daily due to her pain. The objective findings revealed hyperextension of the MCP joint, tenderness to palpation of the A1 pulley of the right thumb, a very prominent A1 pulley flexor pollicis longus tendon course at the volar aspect of the MCP joint, and pain with passive extension of the 1st metacarpal at the interposition arthroplasty space at the CMC joint. There was also swelling along the dorsal aspect of the interposition arthroplasty space of the right thumb CMC joint as well as tenderness to palpation of the same region. Current medications include Etodolac. The treatment plan was noted to include a prescription for Ultracet, a follow-up in 6 weeks and allergy testing for the sutures that were used in the previous procedure. Additionally, the treatment plan noted obtaining an Indium WBC - labeled scan to rule out the possibility of underlying infection to the base of the right thumb. A request was received for allergy testing to be performed by an allergist, indium labeled WBC scan of the right upper extremity and Ultracet 37.5/325 mg #50.

A rationale was not provided for the prescription of Ultracet. The 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:

**Allergy testing to be performed by an allergist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/ency/article/003519.htm>

**Decision rationale:** The request for allergy testing to be performed by an allergist is medically necessary. The National Institutes of Health recommend a skin allergy test to determine what substances are causing allergy symptoms. The 2 specific tests performed are the skin prick test and the intradermal skin test. The skin prick test involves placing small amount of the substance that may be causing the symptoms onto the skin, pricking the skin to allow the allergen to go under the skin's surface, and monitoring for a swelling and redness for 15 to 20 minutes by a health care provider. The intradermal test involves injecting a small amount of the allergen into the skin, the health care provider monitoring for a reaction at the site, and this test is typically used for an allergic reaction to denim or insulin. The injured worker wished to proceed with surgery. The injured worker has had persistent swelling. The documentation submitted for review indicates the allergy test will be performed to determine if there is an allergy to the sutures used in a previous surgical procedure and if different types of sutures need to be used when the surgery is repeated. Given the injured worker's previous surgery and plans for additional surgery, the request is appropriate. As such, the request for allergy testing to be performed by an allergist is medically necessary.

**Indium labeled WBC scan of the right upper extremity:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NIH Medline

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/ency/article/003834.htm>

**Decision rationale:** The request for indium labeled WBC scan of the right upper extremity is medically necessary. The National Institute of Health recommend a WBC scan for the presence of an infection or inflammation in the abdomen or bones; especially if the patient presents with abscess, osteomyelitis, or an unexplained fever, particularly after surgery. The tests are performed by obtaining a blood sample, mixing the sample with a small amount of radioactive material, injecting the blood sample back into the patient 2-3 hours later, scanning the patient's entire body 6 to 24 hours later, and monitoring for the radiation given off by the tagged white

blood cells. The documentation submitted for review indicates the indium WBC labeled scan would be used to rule out a possibility of underlying infection at the base of the right thumb. The injured worker continued to have swelling along the dorsal aspect of the interposition arthroplasty space of the right thumb CMC joint as well as tenderness to palpation of the same region. The injured worker wished to proceed with surgery and the WBC scan was requested to rule out infection and determine the use of postoperative antibiotics. Based on the injured worker's previous surgery and plans for additional surgery, the request is appropriate. As such, the request for indium labeled WBC scan of the right upper extremity is medically necessary.

**Ultracet 37.5/325mg #50:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80, 83, 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77.

**Decision rationale:** The request for Ultracet 37.5/325 mg #50 is not medically necessary. According to the California MTUS Guidelines, prior to initiating an opioid, baseline pain and functional assessment should be made. Additionally, documentation should include a detailed pain related assessment with the patient's history of pain treatment and effect of pain and function. There was insufficient documentation to indicate a trial of opioids, evidence of objective pain relief and objective functional improvement. Therefore, the request is not supported by the evidence based guidelines. As such, the request for Ultracet 37.5/325 mg #50 is not medically necessary.