

Case Number:	CM14-0201141		
Date Assigned:	12/11/2014	Date of Injury:	05/03/1994
Decision Date:	01/29/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/02/2014

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 Family Practice, 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 64 year old female patient who sustained a work related injury on 5/3/94 Patient sustained the injury due to cumulative trauma The current diagnoses include bilateral internal derangement of the shoulders and bilateral CTSPer the doctor's note dated 9/25/14, patient has complaints of acute flare up of her bilateral shoulder pain Physical examination of the UE revealed moderate tenderness to palpation in the right shoulder girdle, in both the posterior and anterior aspects, ROM of the shoulder is decreased in flexion and abduction due to increasing pain above 90 degrees, no impingement signs and trigger fingers in the bilateral 3rd digits. Physical examination of the hand on 8/8/14 revealed trigger finger at the 4th digit/ring finger, snapping, locking and causing pain, normal ROM, positive Tinel's testing over the A1 pulley and she suffered from stress, anxiety, insomnia and frustration. The current medication lists include Norco, Naproxen, Ambien and Protein. The previous medication list include metformin, glipizide, gabapentin, hydrocodone, pantoprazole, loratadine, levothyroxine, Lisinopril, furosemide, Naproxen, omeprazole, Diclofenac and Zolpidem The patient has had x-rays, MRI and EMG/NCV studies for this injury The patient's surgical history include multiple surgeries to her bilateral shoulders and bilateral elbows bilateral trigger finger releases and bilateral carpal tunnel releases, bilateral trigger finger releases, appendectomy, hysterectomy, uterus cancer surgery, stimulator insertion, and left wrist surgery in 2012. The patient suffered a left arm fracture at age 5 and a left wrist fracture in 2012 The patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for hand surgery consultation: Overturned

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

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

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per the doctor's note dated 9/25/14, physical examination revealed trigger fingers in the bilateral 3rd digits. Physical examination of the hand on 8/8/14 revealed trigger finger at the 4th digit/ring finger, snapping, locking and causing pain, normal range of motion (ROM), positive Tinel's testing over the A1 pulley, The patient's surgical history include multiple surgeries to her bilateral shoulders and bilateral elbows bilateral trigger finger releases and bilateral carpal tunnel releases, bilateral trigger finger releases, appendectomy, hysterectomy, uterus cancer surgery, stimulator insertion, and left wrist surgery in 2012. The patient suffered a left wrist fracture in 2012. She is on multiple medications and surgeries and she suffered from stress, anxiety, insomnia and frustration. There are psychosocial factors. This is a complex case. A referral for hand surgery consultation is deemed medically appropriate and necessary.

Hydrocodone 2.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 103, Chronic Pain Treatment Guidelines Ongoing Management, Opioids. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use of Opioids; Therapeutic Trial of Opioids Page(s): 76-80.

Decision rationale: Hydrocodone 2.5/325mg #120 is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function; continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid

means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. Recent urine drug screen report is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Hydrocodone 2.5/325mg #120 is not established for this patient.

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events; patients at high risk for gastrointestinal events, Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when- "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. Any current use of NSAIDS is not specified in the records provided. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for Pantoprazole 20mg #60 is not fully established in this patient.

Diclofenac 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Updated 10/06/14); Pain Chapter, Diclofenac

Decision rationale: Zorvolex contains Diclofenac belongs to a group of drugs called non-steroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted.

(Van Tulder-Cochrane, 2000). "As per cited guideline "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain... The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs." In addition as per cited guideline, Diclofenac is "Not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs, after considering the increased risk profile with Diclofenac." Diclofenac is a NSAID. Diclofenac is not recommended as a first-line treatment and has increased risk of cardiovascular side effects. Patient is having chronic pain and is taking Diclofenac for this injury. Response to Diclofenac in terms of functional improvement is not specified in the records provided. The level of the pain with and without medications is not specified in the records provided. The patient's medication list also includes Naproxen which is another NSAID. The response to the Naproxen without the Diclofenac was not specified in the records provided. The rationale for the use of two NSAIDS is not specified in the records provided. The need for NSAID/Diclofenac on a daily basis with lack of documented improvement in function is not fully established. Any lab tests to monitor for side effects like renal dysfunction due to taking NSAIDS for a long period of time were not specified in the records provided. However the need for Diclofenac 100mg #60, as submitted, is not deemed medically necessary. The medical necessity of Diclofenac 100mg #60 is not established for this patient.