

Case Number:	CM14-0209963		
Date Assigned:	12/23/2014	Date of Injury:	02/16/2009
Decision Date:	02/19/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

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 44 year old female patient who sustained a work related injury on 2/16/2009. Patient sustained the injury due to cumulative trauma. The current diagnoses include s/p right dorsal 1st compartment release and bilateral carpal tunnel releases, bilateral medial and lateral epicondylitis, bilateral DeQuervain's and Bilateral ulnar neuritis. Per the doctor's note dated 12/10/14, patient has complaints of chronic bilateral hand and wrist pain, and paresthasias, bilateral elbow pain, and chronic neck pain with numbness over surgical incision, at 8/10 without medication and 3-4/10 with medications. Physical examination of the cervical spine revealed tenderness to palpation across the cervical trapezial ridge, range of motion was decreased and painful and spasm. Physical examination of the right hand revealed healed palmar incision, diminished grip strength, a healed scar on right first compartment, healed scars bilaterally. Physical examination of the Left hand and wrist revealed healed incision without dehiscence, palmer tenderness to palpation, negative Tinel's and Negative Finkelstein's sign. Physical examination of the bilateral elbow revealed tenderness to palpation medially and laterally at the elbows, positive Tinel along the ulnar distribution bilaterally. The current medication lists include Anaprox, Norco, Synovacin and Valium. The patient has had MRI of the cervical spine on 12/30/13 that revealed multiple level disc protrusion. The patient's surgical history include right dorsal 1st compartment release on 10/31/14; bilateral carpal tunnel releases. 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:

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-79, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. 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 nonopioid 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 nonopioid 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. 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. A recent urine drug screen report is 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 With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #60 is not established for this patient.

Anaprox 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

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

Decision rationale: Anaprox 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."The patient is having chronic

pain and is taking Anaprox for this injury. The current diagnoses include s/p right dorsal 1st compartment release and bilateral carpal tunnel releases, bilateral medial and lateral epicondylitis, bilateral DeQuervain's and Bilateral ulnar neuritis. Per the doctor's note dated 12/10/14, patient has complaints of chronic bilateral hand and wrist pain, and paresthesias, bilateral elbow pain, and chronic neck pain with numbness over surgical incision, at 8/10 without medication and 3-4/10 with medications. Physical examination of the cervical spine revealed tenderness to palpation across the cervical trapezial ridge, range of motion was decreased and painful and spasm, physical examination of the right hand revealed diminished grip strength, physical examination of the Left hand and wrist revealed palmer tenderness to palpation, physical examination of the bilateral elbow revealed tenderness to palpation medially and laterally at the elbows, positive Tinel along the ulnar distribution bilaterally. The patient has had a MRI of the cervical spine on 12/30/13 that revealed multiple level disc protrusion. The patient's surgical history includes right dorsal 1st compartment release on 10/31/14; bilateral carpal tunnel releases. NSAIDS like Anaprox are first line treatments to reduce pain. Anaprox 550mg #60 use is deemed medically appropriate and necessary in this patient.

Synovacin 500mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Arthritis Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: Synovacin 500mg #90 contains Glucosamine Sulfate. According to the Chronic Pain Medical Treatment Guidelines MTUS, Glucosamine (and Chondroitin Sulfate) is "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The Glucosamine Chondroitin Arthritis Intervention Trial (GAIT) funded by the National Institutes of Health concluded that glucosamine hydrochloride (GH) and chondroitin sulfate were not effective in reducing knee pain in the study group overall; however, these may be effective in combination for patients with moderate-to-severe knee pain. Despite multiple controlled clinical trials of glucosamine in osteoarthritis (mainly of the knee), controversy on efficacy related to symptomatic improvement continues." Therefore there is no high grade scientific evidence to support the use of Synovacin for this patient. Any evidence of osteoarthritis was not specified in the records provided. Any X-ray report was also not specified in the records provided. In addition response to prior use of Synovacin was not specified in the records provided. The medical necessity of the request for Synovacin 500mg #90 is not fully established in this patient.

UDS next visit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the guideline cited below, drug testing is "The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results." As per records provided medication lists includes Norco. It is medically appropriate and necessary to perform a urine drug screen to monitor the use of any controlled substances in patients with chronic pain. It is possible that the patient is taking controlled substances prescribed by another medical facility or from other sources like - a stock of old medicines prescribed to her earlier or from illegal sources. The presence of such controlled substances would significantly change the management approach. The request for urine drug screen is medically appropriate and necessary in this patient.