

<b>Case Number:</b>	CM14-0043297		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 and 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 67 year old male with an injury date of 10/23/12. Based on the 02/06/14 progress report, the patient complains of bilateral wrist pain only at night which is associated with cold weather. His wrist feels numb and his fingers swell at night. He uses a wrist brace. The patient tested positive in the following exams: bilateral Phalen's, bilateral Tinel's sign, bilateral Durkan's, bilateral Prayer, and left Finkelstein's. He also had a bilateral positive compression test over the median nerve with numbness of the thumb, index, and middle finger for about five seconds. The patient has bilateral thenar atrophy and bilateral abductor pollicis brevis weakness. He has pain over the right first dorsal wrist extensor. The 02/12/14 report indicates that the patient has right shoulder pain and weakness. He has a tender anterior acromial margin, tender AC joint, positive Speed's, positive impingement, positive drop arm, and pain/weakness on resisted external rotation with the arm at the side. The 02/27/14 report states that the patient has neck pain and headaches. His right shoulder has tenderness to palpation with painful range of motion. The 07/19/13 EMG revealed bilateral carpal tunnel syndrome. A right shoulder MRI shows AC joint arthrosis, down-sloping anterolateral acromion, and a small full-thickness tear of the rotator cuff with slight retraction (date of MRI not provided). The patient was scheduled to have right shoulder surgery on 02/27/14. The patient's diagnoses include the following: 1. Right/left carpal tunnel syndrome, clinically positive, EMG positive 2. Left De Quervain's tenosynovitis 3. Right/left upper extremity overuse syndrome The utilization review determination being challenged is dated 03/06/14. Treatment reports were provided from 07/29/13- 06/04/14. Most reports were hand-written and illegible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, # 60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain, Criteria For Use Of Opioids Page(s): 60, 61, 88, 89, 76-78.

**Decision rationale:** The patient presents with bilateral wrist pain, right shoulder pain, neck pain, and headaches. The request is for NORCO 10/325 MG #60 for after his surgery which took place on 02/27/14. MTUS guidelines page 60-61 state that "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded." Review of the reports does not provide a rationale as to why there are two opioids prescribed to the patient- Norco and Ultram. The utilization review letter indicates that "the patient [has] had at least three screens in the last several months." However, the results of these urine toxicology screens were not provided. Given that the request is for post-operative pain control, use of opiates #60 of Norco appears reasonable. Recommendation is medically necessary.

**Ultram:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Page(s): 60, 61.

**Decision rationale:** The patient presents with bilateral wrist pain, right shoulder pain, neck pain, and headaches. The request is for ULTRAM. MTUS guidelines page 60-61 state that "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded." Review of the reports does not provide a rationale as to why there are two opioids prescribed to the patient- Norco and Ultram. The utilization review letter indicates that "the patient [has] had at least three screens in the last several months." However, the results of these urine toxicology screens were not provided. In

this case, there is no rationale provided for the use of Ultram, a weak mu-receptor binding molecule, when Norco is being concurrently prescribed. While a short-course of opiates may be reasonable for post-op pain control, the patient is already prescribed Norco. MTUS recommends trying one medication at a time, checking efficacy before adding additional meds (p60). Recommendation is for denial.

**Prilosec:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms And Cardiovascular Risk Page(s): 69.

**Decision rationale:** The patient presents with bilateral wrist pain, right shoulder pain, neck pain, and headaches. The request is for Prilosec. The 02/06/14 report indicates that the patient is currently taking Tramadol, Naproxen, and Prilosec. MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1.) Ages greater than 65. 2.) History of peptic ulcer disease and GI bleeding or perforation. 3.) Concurrent use of ASA or corticosteroid and/or anticoagulant. 4.) High-dose/multiple NSAID. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI."The treating physician does not discuss any GI issues that the patient may have. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the MTUS guidelines. Recommendation is not medically necessary.

**Urine Toxicology:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine Drug Screen

**Decision rationale:** The patient presents with bilateral wrist pain, right shoulder pain, neck pain, and headaches. The request is for Urine Toxicology. The report with the request was not provided. Regarding urine drug screens, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the available medical records indicate the patient is currently on Tramadol, Naproxen, and Prilosec. The utilization review letter states that "the patients had at least three screens in the last several months." The results of these urine toxicology screens were not provided. There was no discussion from the treating physician regarding the patient adverse behavior with opiates use.

The treating physician does not explain why another UDS is needed. There is no discussion regarding this patient's opiate use risk; therefore, recommendation is not medically necessary.

**Home assistance 5 days a week for six weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** The patient presents with bilateral wrist pain, right shoulder pain, neck pain, and headaches. The request is for Home Assistance 5 Days a Week for 6 Weeks. The report with the request was not provided. Regarding home health services, MTUS recommends only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. There is no discussion provided regarding what type of assistance the patient needs. The patient was scheduled to have right shoulder surgery on 02/27/14. However, the treating physician does not specify any rationale for home assistance, such as danger to self, or others, inability to transfer. The patient is ambulating normally and there doesn't appear to be any neurologic condition that limits the patient's ability to perform self-care and ADL's. There is no discussion regarding the patient's social situation. Furthermore, 6 weeks of post-operative home care following an arthroscopic shoulder surgery. Recommendation is not medically necessary.