

Case Number:	CM15-0106376		
Date Assigned:	07/22/2015	Date of Injury:	10/05/2012
Decision Date:	08/24/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/02/2015

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: California, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 49 year old female who sustained an industrial injury on 10/05/2002. Current diagnoses include impingement syndrome of right shoulder with bicipital tendonitis, discogenic cervical condition with multilevel disc disease, cubital tunnel syndrome bilaterally, radial tunnel syndrome bilaterally, carpal tunnel syndrome bilaterally, status post decompression on the right wrist and status post surgical intervention on the left in 01/2015, carpometacarpal joint inflammation of the thumb bilaterally, impingement syndrome of the left shoulder with moderate tendinopathy, biceps tendonitis and acromioclavicular joint wear, stenosing tenosynovitis along the index finger and long finger on the right, stenosing tenosynovitis on the extensor compartment bilaterally status post injection on the left, and sleep disorder GERD, and hypertension due to chronic pain. Previous treatments included medications, physical therapy, surgical intervention, psychotherapy, and injections. Previous diagnostic studies included a cervical, right shoulder, and left shoulder MRI's, and electrodiagnostic study. Report dated 04/28/2015 noted that the injured worker presented with complaints that included pain in the first extensor with difficulty gripping and grasping with the left upper extremity and pain across the base of the thumb, and pain in both shoulders. Other subjective complaints included neck pain, spasms, low back pain, and headaches Pain level was not included. Physical examination was positive for tenderness along the first extensor with positive Finklestein's on the left, tenderness in the cervical paraspinal muscles, trapezius, and shoulder girdle, pain along both shoulders, and abduction is 170 degrees with pain along the rotator cuff and biceps tendon. The treatment plan included requests for first extensor release on the left, Norco, Topamax, Naproxen, Protonix, Tramadol ER, and 12 sessions of physical therapy three times per week

for four weeks for the neck and upper extremities. The physician noted that the prior injection administered to the first extensor provided relief, but has now worn off. Report dated 05/12/2015 notes that the injured worker presented for a second opinion for the bilateral shoulders, treatment included a cortisone injection and referral to physical therapy. Submitted medical records supports that the injured worker has received 6 visits of physical therapy for the upper extremities and neck from 09/08/2014 to 09/29/2014. It was noted that the injured worker noted temporary relief with no lasting change. Disputed treatments include one first extensor release on the left, Norco 10- 325mg #90, Tramadol ER 150mg #130, Naproxen 550mg #60, Protonix 20mg #60, and 12 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

Decision rationale: CA MTUS/Post surgical treatment guidelines, page 20 recommend 14 visits of therapy following release for DeQuervain's. As the request exceeds the initial 7 recommended, the determination is for non-certification. The request is not medically necessary.

Norco 10-325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 4/28/15. Therefore the request is not medically necessary.

Tramadol ER 150mg #130: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines tramadol Page(s): 93.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. There is insufficient evidence in the records of 4/28/15 of failure of primary over the counter non-steroids or moderate to severe pain to warrant Tramadol. Therefore use of Tramadol is not medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines naproxen Page(s): 66.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case the continued use of Naproxen is not warranted, as there is no demonstration of functional improvement from the exam note from 4/28/15. Therefore the request is not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: The CA MTUS does not address proton pump inhibitors such as Nexium and Protonix. According to the Official Disability Guidelines, Pain section, regarding Proton pump inhibitors (PPIs), "Recommended for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. For many people, Prilosec is more affordable than Nexium. Nexium is not available in a generic (as is Prilosec)." In this particular case there is insufficient evidence in the records from 4/28/15 that the patient has gastrointestinal symptoms or at risk for gastrointestinal events. Therefore the request is not medically necessary.

One first extensor release on the left: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271, 273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand (Acute & Chronic): de Quervain's tenosynovitis surgery (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm.

Decision rationale: CA MTUS/ACOEM Guidelines, Forearm, Wrist and Hand Complaints, page 265, states that DeQuervain's tendinitis, if not severe, may be treated with a wrist-and-thumb splint and acetaminophen, then NSAIDs, if tolerated, for four weeks before a corticosteroid injection is considered. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervain's tendinitis. In this case the worker has failed all recommended non-surgical treatments. The guideline criteria are met and the request is medically necessary.