

Case Number:	CM15-0138730		
Date Assigned:	07/28/2015	Date of Injury:	08/02/2006
Decision Date:	10/05/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/17/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 42 year old male, who sustained an industrial injury on 8/2/06. He reported a MRSA infection in his right index finger after he a wood splinter was removed and oral antibiotics failed. He underwent a skin graft and tendon release and a nerve graft followed by physical therapy. The injured worker was diagnosed as having right hand tenosynovitis, anxiety and depression. The urine drug toxicology test from 5/7/15 was positive for marijuana. The injured worker was seen by the pain management specialist physician and rated his pain a 2/10. The pain management specialist prescribed Norco for pain. As of the PR2 dated 6/8/15, the injured worker reports continuous right hand and index finger pain that radiates into his right arm and shoulder. Objective findings include tenderness to palpation of the palmar aspect of the right hand, carpal compression test is negative and inability to make a fist due to index finger scarring. The treating physician requested a urine toxicology testing, a CBC, a CMP, Cyclobenzaprine 7.5mg #90, Pantoprazole 30mg #60, Amitriptyline HCL (hydrochloride) 10%, Gabapentin 10%, Bupivacaine HCL (hydrochloride) 5%, Hyaluronic Acid 0.2% in cream base, 240 grams and chiropractic physiotherapy for the right hand 2 x weekly for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology testing: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Test and Other Medical Treatment Guidelines Starrels JL, et al. Systemic Review: Treatment Agreements and Urine Drug Testing to Reduce Opioid Misuse in Patients with Chronic Pain. Ann Intern Med 2010; 152: 712-720.

Decision rationale: The patient is a 42 year old male with an injury on 08/02/2006. He had a right index finger splinter and had MRSA infection. He had a failure of oral antibiotics and had a skin graft with tendon release. Right hand tenosynovitis was treated with physical therapy. He had physical therapy. On 05/07/2015 a urine test was positive for marijuana. On 06/08/2015 he reported right hand, right index finger pain that goes to his right shoulder and right arm. He has tenderness to palpation of the palm of his right hand. "Relatively weak evidence supports the effectiveness of opioid treatment agreements and urine drug testing in reducing opioid misuse by patients with chronic pain." Starrels JL, et al. Systemic Review: Treatment Agreements and Urine Drug Testing to Reduce Opioid Misuse in Patients with Chronic Pain. Ann Intern Med 2010; 152: 712-720. There is no indication for continued treatment with Norco or other opiate for this injury from 08/02/2006 - especially with the positive test for Marijuana. The ODG notes an annual urine drug test may be needed in some cases and this patient had one on 05/07/2015. Another urine drug test is not medically necessary.

Cyclobenzaprine HCL (hydrochloride) 7.5 mg Qty 90, 1 by mouth 3 times daily as needed muscle spasms, (retrospective dispensed 6/8/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 - 66.

Decision rationale: The patient is a 42 year old male with an injury on 08/02/2006. He had a right index finger splinter and had MRSA infection. He had a failure of oral antibiotics and had a skin graft with tendon release. Right hand tenosynovitis was treated with physical therapy. He had physical therapy. On 05/07/2015 a urine test was positive for marijuana. On 06/08/2015 he reported right hand, right index finger pain that goes to his right shoulder and right arm. He has tenderness to palpation of the palm of his right hand. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental and physical ability. Also, the addition of muscle relaxants to patients already treated with NSAIDS does not improve pain relief. Long term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary.

Pantoprazole 20 mg Qty 60, 1 by mouth 2 times daily as needed stomach pain, (retrospective dispensed 6/8/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI Symptoms and Cardiovascular Risk Page(s): 68 - 69.

Decision rationale: The patient is a 42 year old male with an injury on 08/02/2006. He had a right index finger splinter and had MRSA infection. He had a failure of oral antibiotics and had a skin graft with tendon release. Right hand tenosynovitis was treated with physical therapy. He had physical therapy. On 05/07/2015 a urine test was positive for marijuana. On 06/08/2015 he reported right hand, right index finger pain that goes to his right shoulder and right arm. He has tenderness to palpation of the palm of his right hand. MTUS, chronic pain guidelines note criteria for the medical necessity for proton pump inhibitors (PPI) include patient age of 65 or higher, history of GI bleeding or peptic ulcer disease or taking anticoagulants. The patient documentation does not meet these criteria and the requested PPI is not medically necessary.

Chiropractic Physio Therapy, Right Hand, 2 times wkly for 3 wks, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation; Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: The patient is a 42 year old male with an injury on 08/02/2006. He had a right index finger splinter and had MRSA infection. He had a failure of oral antibiotics and had a skin graft with tendon release. Right hand tenosynovitis was treated with physical therapy. He had physical therapy. On 05/07/2015 a urine test was positive for marijuana. On 06/08/2015 he reported right hand, right index finger pain that goes to his right shoulder and right arm. He has tenderness to palpation of the palm of his right hand. The injury was in 2006. By this point in time she should have been transitioned to a home exercise program. There is no indication for chiropractic manipulation physiotherapy. Therefore the request is not medically necessary.

Amitriptyline HCL (hydrochloride) 10%, Gabapentin 10%, Bupivacaine HCL (hydrochloride) 5%, Hyaluronic Acid 0.2% in cream base, 240 grams, (retrospective dispensed 6/8/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 - 113.

Decision rationale: The patient is a 42 year old male with an injury on 08/02/2006. He had a right index finger splinter and had MRSA infection. He had a failure of oral antibiotics and had a skin graft with tendon release. Right hand tenosynovitis was treated with physical therapy. He had physical therapy. On 05/07/2015 a urine test was positive for marijuana. On 06/08/2015 he reported right hand, right index finger pain that goes to his right shoulder and right arm. He has tenderness to palpation of the palm of his right hand. MTUS, chronic pain guidelines for topical analgesics note that if an active ingredient is not recommended than the entire compound topical analgesic medication is not recommended. The requested compound topical analgesic contains Gabapentin 10%, which is not recommended; thus the requested compound topical analgesic medication is not medically necessary.

Blood work: CBC (complete blood count): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goldman's Cecil Medicine, 24th Edition. 2011.

Decision rationale: The patient is a 42 year old male with an injury on 08/02/2006. He had a right index finger splinter and had MRSA infection. He had a failure of oral antibiotics and had a skin graft with tendon release. Right hand tenosynovitis was treated with physical therapy. He had physical therapy. On 05/07/2015 a urine test was positive for marijuana. On 06/08/2015 he reported right hand, right index finger pain that goes to his right shoulder and right arm. He has tenderness to palpation of the palm of his right hand. The injury was in 2006. There is no sign of infection. There is no documentation of anemia, neutropenia or thrombocytopenia. The CBC is not medically necessary.

Blood work: Complete Chemistry: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goldman's Cecil Medicine 24th Edition. 2011.

Decision rationale: The patient is a 42 year old male with an injury on 08/02/2006. He had a right index finger splinter and had MRSA infection. He had a failure of oral antibiotics and had a skin graft with tendon release. Right hand tenosynovitis was treated with physical therapy. He had physical therapy. On 05/07/2015 a urine test was positive for marijuana. On 06/08/2015 he reported right hand, right index finger pain that goes to his right shoulder and right arm. He has tenderness to palpation of the palm of his right hand. There is no documentation of renal disease or liver disease. There is no documentation of an electrolyte imbalance. There is no documentation of an indication for a complete chemistry test. Therefore the request is not medically necessary.