

Case Number:	CM15-0143996		
Date Assigned:	08/04/2015	Date of Injury:	07/19/2013
Decision Date:	09/24/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/24/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 7-19-2013. The mechanism of injury is unknown. The injured worker was diagnosed as status post left wrist arthroscopy and medial epicondylitis. There is no record of a recent diagnostic study. Treatment to date has included surgery, 23 physical therapy visits and medication management. In a progress note dated 6-19-2015, the injured worker presented with issues with strengthening his left wrist. Physical examination showed good flexion and extension of the left wrist with mild swelling and loss of some grip strength. The treating physician is requesting Oxycontin 10 mg #60, Norco 10-325 mg #120, Flexeril 7.5 mg #60 and 12 sessions of physical therapy for the left wrist-hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Online Version).

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

Decision rationale: The patient was injured on 07/19/13 and presents with left wrist pain. The request is for Oxycontin 10 MG #60 for pain. The RFA is dated 06/19/15 and the patient is not currently working. The patient has been taking this medication as early as 11/04/14. Treatment reports are provided from 02/23/14 to 06/19/15. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The 11/04/14 report states Oxycontin is effective. The 06/19/15 report states that the patient "needs refill of medications which he takes to be functional." The patient had a urine drug screen on 01/22/15 which revealed that the patient was inconsistent with Oxycodone and Oxymorphone. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There is no before and after medication pain scales provided nor are there any examples of ADLs which demonstrate medication efficacy. There is no discussion on side effects or aberrant behavior the patient may have. No validated instruments are used either. There is no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Oxycontin is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Pain Chapter (Online Version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain criteria for use of opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient was injured on 07/19/13 and presents with left wrist pain. The request is for NORCO 10/325 MG #120. The RFA is dated 06/19/15 and the patient is not currently working. The patient has been taking this medication as early as 01/13/15. Treatment reports are provided from 02/23/14 to 06/19/15. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The 06/19/15 report states that the patient "needs refill of medications which he takes to be functional". The patient had a urine drug screen on 01/22/15 which revealed that the patient was inconsistent with Oxycodone and Oxymorphone. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There is no before and after medication pain scales provided nor are there any examples of ADLs which demonstrate medication efficacy. There is no discussion on side effects or aberrant behavior the patient may have. No validated instruments are used either. There is no pain management issues discussed such as cures report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Norco is not medically necessary.

Flexeril 7.5mg #60: 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 was injured on 07/19/13 and presents with left wrist pain. The request is for Flexeril 7.5 mg #60 for muscle spasms. The RFA is dated 06/19/15 and the patient is not currently working. The patient has been taking this medication as early as 02/23/14. MTUS Guidelines, under Muscle Relaxants, pages 63-66 states: "Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy". The patient has tenderness along the ulnar column. He is diagnosed with status post left wrist arthroscopy and medial epicondylitis. MTUS Guidelines do not recommend the use of cyclobenzaprine for longer than 2 to 3 weeks. The patient has been taking this medication as early as 02/23/14, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. The requested Flexeril is not medically necessary.

Physical therapy 3 times a week for 4 weeks to the left wrist/hand: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18-20.

Decision rationale: The patient was injured on 07/19/13 and presents with left wrist pain. The request is for physical therapy 3 times a week for 4 weeks to the left wrist/hand. The RFA is dated 06/19/15 and the patient is not currently working. On 01/15/15, the patient underwent an arthroscopy, synovectomy, and debridement. The 01/22/15 report states that the patient has completed 12 sessions of physical therapy. The 04/09/15 report states that the patient has completed 10 sessions of physical therapy. The utilization review determination letter indicates that the patient has already had at least 23 sessions of post-op physical therapy. Post-surgical MTUS Guidelines, Forearm, Wrist, & Hand, pages 18-20 recommends 10 visits over 10 weeks for TFCC injuries-debridement (arthroscopic). The post-op time frame is 4 months. The patient has tenderness along the ulnar column. He is diagnosed with status post left wrist arthroscopy and medial epicondylitis. In this case, the patient has already had at least 23 sessions of post-op physical therapy for his wrist. MTUS Guidelines allow for up to 10 visits over 10 weeks. An additional 12 sessions to the sessions of therapy the patient has already had exceeds what is allowed by MTUS Guidelines. Therefore, the request is not medically necessary.