

Case Number:	CM15-0145527		
Date Assigned:	08/10/2015	Date of Injury:	03/29/2015
Decision Date:	09/29/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/27/2015

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

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 31 year old female, who sustained an industrial injury on 3-29-15. She reported right hand pain following cumulative trauma. The injured worker was diagnosed as having right elbow sprain-strain, right wrist sprain-strain, anxiety and depression. Treatment to date has included Celebrex, oral steroids, steroid injection, wrist brace, physical therapy and activity restrictions. Currently on 5-27-15, the injured worker complains of constant pain in right upper extremities, inflammation of hands, difficulty cooking, brushing her hair and other personal hygiene needs due to loss of strength. She rates the pain 6 out of 10 and described as dull, throbbing, pins and needles of right wrist with numbness, tingling, weakness and cramping, the pain radiates to the elbow and forearm. She is temporarily totally disabled. Physical exam performed on 5-27-15 revealed tenderness to palpation of the distal triceps tendon, lateral epicondyle, medial epicondyle, olecranon process and triceps and tenderness to palpation of the dorsal wrist, lateral wrist, medial wrist and volar wrist. A request for authorization was submitted on 5-27-15 for urine test, functional capacity evaluation, (EMG) Electromyogram- (NCV) Nerve Condition Velocity studies, x-ray of right elbow and psyche consultation, acupuncture, (MRI) magnetic resonance imaging of right wrist, right wrist brace and Ketoprofen 75mg #90, Pantoprazole 20mg 360, Cyclobenzaprine 7.5mg #90, Tramadol ER 150mg #30 and transdermal creams x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right wrist: 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) (MRI) magnetic resonance imaging, wrist.

Decision rationale: ODG recommends (MRI) magnetic resonance imaging of right wrist for acute hand or wrist trauma with suspicion of distal radius fracture with normal radiographs, suspicion of acute scaphoid fracture with normal radiographs, suspicion of gamekeeper injury; chronic wrist pain with normal x-rays and a repeat (MRI) magnetic resonance imaging is not routinely recommended. (MRI) magnetic resonance imaging is advocated for patients with chronic pain due to enabling clinicians to perform a global exam of the bones and soft tissues. In this case, documentation does not indicate concern for a fracture, acute trauma and there is no diagnosis which would indicate the need for an (MRI) magnetic resonance imaging. The request for MRI of the right wrist is not medically necessary.

Functional capacity evaluation, right arm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Programs, Functional Capacity evaluation-fit for duty.

Decision rationale: Per guidelines, Functional Restorative Programs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. They are recommended for patients with conditions that have resulted in delayed recovery. Chart documentation indicates that the injured worker is undergoing active treatment for right upper extremity pain. Not having reached maximum medical therapy at the time of the request under review, guidelines have not been met. The request for Functional capacity evaluation, right arm is not medically necessary per guidelines.

EMG/NCS of the right arm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Special Studies and Diagnostic and Treatment Consideration, page

268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Carpal Tunnel Chapters, Electrodiagnostic studies (EDS), Electromyography (EMG).

Decision rationale: MTUS states that electrodiagnostic studies including nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG), may help differentiate between Carpal Tunnel Syndrome (CTS) and other conditions, such as cervical radiculopathy. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. ODG recommends Electrodiagnostic studies in patients with clinical signs of Carpal Tunnel Syndrome who may be candidates for surgery, but the addition of electromyography (EMG) is not generally necessary. EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS), such as when defining whether neuropathy is of demyelinating or axonal type. The injured worker complains of right upper extremity pain. Documentation fails to show objective findings of specific nerve compromise to establish the medical necessity of EMG/NCV. The request for EMG/NCS of the right arm is not medically necessary per guidelines.

X-ray of the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 33.

Decision rationale: MTUS recommends imaging studies of the elbow only after a period of conservative rehabilitation program. Furthermore, imaging should be performed only when there is a presence of a red flag noted on history or examination, when the study results will substantially change the treatment plan and when there is evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and the patient agrees to undergo invasive treatment if the presence of the correctible lesion is confirmed. In this case, documentation fails to show that the injured worker has a diagnosis or clinical findings of neurological dysfunction to establish the medical necessity for x-ray. The request for X-ray of the right elbow is not medically necessary per MTUS.

Psych consultation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological evaluations Page(s): 101.

Decision rationale: CA MTUS recommends psychological evaluations not only for pain problems, but for widespread chronic pain populations. "Evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury or work related." Psychological evaluations are also recommended for pre-intrathecal drug delivery systems and spinal cord stimulator trials. The injured worker is experiencing ongoing pain unrelieved by treatment. In this case, psychological evaluation would be recommended. The request for Psych consultation is medically necessary per guidelines.

Tramadol Hydrochloride 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The medication requested for this patient is Tramadol. According to the California MTUS, Tramadol is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain, with any opioid, requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the medical documentation there has been no indication of the medication's pain relief effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Per California MTUS Guidelines, there have to be certain criteria followed, including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of her chronic pain syndrome. Medical necessity for the requested medication has not been established. The request for Tramadol Hydrochloride 150mg #30 is not medically necessary.

Compound Transdermal cream x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

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

Decision rationale: According to the California MTUS Guidelines (2009), Topical Analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. In this case, documentation does not indicate which topical analgesics are requested or the dosage of the requested topical analgesics. Therefore, the request for compound transdermal cream x2 is not medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Documentation fails to indicate muscle spasm on physical examination or significant improvement in the injured worker's pain or functional status to justify continued use of cyclobenzaprine. The request for Cyclobenzaprine 7.5mg #90 is not medically necessary per MTUS guidelines.

Pantoprazole 20mg #60: 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 non-steroidal anti-inflammatory drugs (NSAIDs) gastrointestinal symptoms and cardiovascular risks Page(s): 68-69.

Decision rationale: According to the CA MTUS, Proton Pump Inhibitors, such as Pantoprazole, are recommended for patients taking NSAIDs with documented GI distress symptoms or specific gastrointestinal (GI) risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Medical necessity for Pantoprazole has not been established. The request for Pantoprazole 20mg #60 is not medically necessary by MTUS.

Ketoprofen 75mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 67-68.

Decision rationale: MTUS states that topical NSAIDs are not recommended for neuropathic pain, but may be useful for short-term treatment (4-12 weeks) of osteoarthritis pain in joints that

lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). Topical NSAIDS have not been evaluated for treatment of the spine, hip or shoulder. There are no long-term studies of their effectiveness or safety. Per MTUS, Ketoprofen is not recommended and is not currently FDA approved for a topical application. The request for topical compound Ketoprofen 75mg #90 is therefore not medically necessary.

Acupuncture 2 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: "Acupuncture is the insertion and removal of filiform needles to stimulate acupuncture points." CA MTUS guidelines recommend acupuncture as an option when medication is not tolerated or has been reduced and in connection with physical therapy or following surgical intervention to improve functional recovery. The frequency of acupuncture is 3-6 treatments to produce functional improvement, 1-3 times a week for 1-2 months. In this case, the request for acupuncture exceeds the recommendations. The request for Acupuncture 2 x 4 is not medically necessary.