

Case Number:	CM15-0145737		
Date Assigned:	08/06/2015	Date of Injury:	06/16/2011
Decision Date:	09/22/2015	UR Denial Date:	07/13/2015
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: California, Hawaii
 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:

This 54-year-old man sustained an industrial injury on 6-16-2011 after falling seven feet out of the back of a truck and falling onto the concrete. The worker received immediate medical attention including x-rays and splinting. Evaluations include undated electrodiagnostic studies of the bilateral upper extremities, undated cervical spine MRI, undated left shoulder MRI, undated lumbar spine MRI, undated left wrist x-rays, undated chest x-rays, undated right knee x-rays, undated electrocardiogram. Diagnoses include status post comminuted left distal radial fracture with malunion and distal radial-ulnar joint dysfunction, left shoulder internal derangement with symptomatic labral tear, chronic cervical spine strain-sprain spondylosis, chronic lumbar spine sprain-strain with spondylosis, sleep disorder rule out sleep apnea, headache, and adjustment disorder with depressed mood. Treatment has included oral and topical medications and physical therapy. Physician notes dated 6-23-2015 show complaints of left wrist pain and swelling rated 9 out of 10 with numbness and tingling in the fingers, left rib cage pain associated with shortness of breath, right leg pain, and left shoulder pain. Recommendations include left radial fracture procedure, Guyon canal release, left shoulder platelet rich plasma injection, sleep study, psychological evaluation, Lotrel, Cymbalta, Butrans patch, stop Hydrocodone, topical analgesic cream, stop Ibuprofen, and laboratory testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription for Flurbiprofen, Lidocaine, Gabapentin: 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 presents with chronic pain affecting the left hand, left rib cage, right leg and left shoulder. The current request is for unknown prescription for Flurbiprofen, Lidocaine, Gabapentin. The treating physician report dated 6/23/15 (264b) states, "Request topical cream, flurbibrofen, lidocaine and gabapentin for left wrist pain. He has been intolerant to oral NSAIDs and narcotics and medical cream will be used to help with detox." The MTUS guidelines states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS does not support lidocaine in cream formula or gabapentin in topical products. The current request is not medically necessary.

1 labs to include liver function and kidney function: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The patient presents with chronic pain affecting the left hand, left rib cage, right leg and left shoulder. The current request is for 1 labs to include liver function and kidney function. The treating physician report dated 6/23/15 states, "Request baseline laboratory studies including urinalysis, liver function, kidney function with poorly controlled hypertension. Discontinue ibuprofen. The patient has GERD symptoms aggravated by medication." The MTUS guidelines state, "Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests)." In this case, the treating physician has requested a baseline evaluation of liver and kidney function following chronic NSAID usage which is supported by MTUS. The current request is medically necessary.

1 left shoulder labral PRP injection under ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Platelet-rich plasma (PRP).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder chapter, Platelet-rich plasma (PRP).

Decision rationale: The patient presents with chronic pain affecting the left hand, left rib cage, right leg and left shoulder. The current request is for 1 left shoulder labral PRP injection under ultrasound guidance. The treating physician report dated 6/23/15 states, "I will request left shoulder labral PRP injection under ultrasound guidance for symptomatic labral tear." The ODG guidelines state, "Under study as a solo treatment. Recommend PRP augmentation as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. (Jo, 2013) PRP looks promising, but it may not be ready for prime time as a solo treatment." In this case, the treating physician has prescribed a solo injection and there is no documentation of any recent arthroscopic repair of a massive rotator cuff tear. The current request is not medically necessary.

1 sleep study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Epstein LJ, Kristo D, Strollo PJ Jr, Friedman N, Malhotra A, Patil SP, Ramar K, Rogers R, Schwab RJ, Weaver EM, Weinstein MD, Adult Obstructive Sleep Apnea Task Force of the American Academy of Sleep Medicine. Clinical guideline for the evaluation, management and long-term care of obstructive sleep apnea in adults. J Clin Sleep Med. 2009 Jun 15; 5(3): 263-76.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain chapter, Polysomnography.

Decision rationale: The patient presents with chronic pain affecting the left hand, left rib cage, right leg and left shoulder. The current request is for 1 sleep study. The treating physician report dated 6/23/15 states, "Request sleep study, formal polysomnography for reports of sleep disorder, worsening hypertension, and request for sleep study was recommended by the neurology QME." ODG guidelines for the topic of Polysomnography state the following criteria: "Polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); (6) Sleep-related breathing disorder or periodic limb movement disorder is suspected; & (7) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended." The documentation provided for review does not provide the required criteria outlined in the ODG guidelines. There has not been 6 months of complaint at least 4 days a week, and there is no documentation that the patient was unresponsive to behavior intervention or medication. The current request is not medically necessary.