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| Case Number: | CM15-0148782 | | |
| Date Assigned: | 08/12/2015 | Date of Injury: | 02/01/2012 |
| Decision Date: | 09/23/2015 | UR Denial Date: | 07/06/2015 |
| Priority: | Standard | Application Received: | 07/31/2015 |

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 (IW) is a 64-year-old male who sustained an industrial injury 02-01-2012. Diagnoses include right and left upper extremity overuse syndrome; status post right carpal tunnel syndrome; status post ventral abdominal hernia surgery; right hand postoperative hand infection; and right and left trigger thumb at A1. Treatment to date has included medications, surgery, chiropractic treatment and epidural steroid injections. According to the progress notes dated 6-18-2015, the IW reported constant bilateral wrist pain, radiating to the hand digits with numbness and tingling in the forearm. On examination, the right wrist was tender and swollen, with full range of motion in the fingers and wrist. A request was made for Methoderm ointments 120 gram; Prilosec 20mg, #90; Norco 10-325mg, #60; range of motion testing; urine toxicology screening; and an MRI of abdomen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm ointments 120 gram: 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.

Decision rationale: The 64 year old patient complains of constant pain in bilateral wrists radiating to hand digits and forearm with numbness and tingling, as per progress report dated 06/18/15. The request is for MENTHODERM OINTMENTS 120 gram. The RFA for the case is dated 06/18/15, and the patient's date of injury is 02/01/12. Diagnoses, as per progress report dated 06/18/15, included right upper extremity overuse syndrome, left upper extremity overuse syndrome, right hand post-operative hand infection, right thumb trigger at A1, and left thumb trigger at A1. The patient is status post bilateral carpal tunnel syndrome release and status post ventral abdominal hernia surgery. Medications included Norco, Tramadol, Prilosec and Methoderm. As per progress report dated 04/13/15, the patient has been diagnosed with lumbar musculoligamentous injury, lumbar muscle spasm, lumbar disc protrusion, r/o lumbar radiculitis vs. radiculopathy, bilateral thumb finger trigger, and loss of sleep. The patient is off work, as per progress report dated 04/13/15. Methoderm gel contains Methyl salicylate and Menthol. Regarding topical NSAIDs MTUS page 111, Topical Analgesics section, states: "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." In this case, Methoderm ointment is only mentioned in progress report dated 06/18/15. In the report, the treater requests a "refill", thereby indicating that the patient has used it in the past. The patient does suffer from peripheral joint pain. The treater, however, does not document efficacy in terms of reduction in pain and improvement in function, as required by MTUS page 60 for all pain medications. Hence, the request IS NOT medically necessary.

Prilosec 20mg, QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

Decision rationale: The 64 year old patient complains of constant pain in bilateral wrists radiating to hand digits and forearm with numbness and tingling, as per progress report dated 06/18/15. The request is for PRILOSEC 20mg, QTY: 90. The RFA for the case is dated 06/18/15, and the patient's date of injury is 02/01/12. Diagnoses, as per progress report dated 06/18/15, included right upper extremity overuse syndrome, left upper extremity overuse syndrome, right hand post-operative hand infection, right thumb trigger at A1, and left thumb trigger at A1. The patient is status post bilateral carpal tunnel syndrome release and status post ventral abdominal hernia. Medications included Norco, Tramadol, Prilosec and Methoderm. As per progress report dated 04/13/15, the patient has been diagnosed with lumbar musculoligamentous injury, lumbar muscle spasm, lumbar disc protrusion, r/o lumbar radiculitis vs. radiculopathy, bilateral thumb finger trigger, and loss of sleep. The patient is off work, as per progress report dated 04/13/15. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk

Section states: "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, Prilosec is only mentioned in progress report dated 06/18/15. In the report, the treater requests a "refill", thereby indicating that the patient has used it in the past. It is not clear when the medication was initiated. Prophylactic use of PPI is indicated by MTUS. However, there are no NSAID's included in patient's medications. Furthermore, treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. This request does not meet the criteria enlisted by the guideline. Therefore, the request IS NOT medically necessary.

Norco 10/325mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids; Opioids for chronic pain.

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 64 year old patient complains of constant pain in bilateral wrists radiating to hand digits and forearm with numbness and tingling, as per progress report dated 06/18/15. The request is for NORCO 10/325mg, QTY: 60. The RFA for the case is dated 06/18/15, and the patient's date of injury is 02/01/12. Diagnoses, as per progress report dated 06/18/15, included right upper extremity overuse syndrome, left upper extremity overuse syndrome, right hand post-operative hand infection, right thumb trigger at A1, and left thumb trigger at A1. The patient is status post bilateral carpal tunnel syndrome release and status post ventral abdominal hernia. Medications included Norco, Tramadol, Prilosec and Menthoderm. As per progress report dated 04/13/15, the patient has been diagnosed with lumbar musculoligamentous injury, lumbar muscle spasm, lumbar disc protrusion, r/o lumbar radiculitis vs. radiculopathy, bilateral thumb finger trigger, and loss of sleep. The patient is off work, as per progress report dated 04/13/15. MTUS Guidelines pages 88 and 89 states: "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 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. MTUS p77 states: "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states: "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, Norco is mentioned in progress report dated 06/18/15 and QME report dated 01/29/15. The treater, however, does not use a pain scale to demonstrate reduction of pain nor does the treater provide specific examples that indicate improvement in function. No UDS and CURES reports are available for review. There is no discussion regarding side effects of Norco as well. MTUS requires a clear documentation regarding impact of Norco on 4As, including analgesia, ADLs,

adverse side effects, and aberrant behavior, for continued opioid use. Additionally, MTUS p80, 81 states regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Hence, the request IS NOT medically necessary.

Range of motion testing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The 64 year old patient complains of constant pain in bilateral wrists radiating to hand digits and forearm with numbness and tingling, as per progress report dated 06/18/15. The request is for range of motion testing. The RFA for the case is dated 06/18/15, and the patient's date of injury is 02/01/12. Diagnoses, as per progress report dated 06/18/15, included right upper extremity overuse syndrome, left upper extremity overuse syndrome, right hand post-operative hand infection, right thumb trigger at A1, and left thumb trigger at A1. The patient is status post bilateral carpal tunnel syndrome release and status post ventral abdominal hernia. Medications included Norco, Tramadol, Prilosec and Mentherm. As per progress report dated 04/13/15, the patient has been diagnosed with lumbar musculoligamentous injury, lumbar muscle spasm, lumbar disc protrusion, r/o lumbar radiculitis vs. radiculopathy, bilateral thumb finger trigger, and loss of sleep. The patient is off work, as per progress report dated 04/13/15. MTUS guidelines page 48 does Functional improvement measures section where physical impairments such as "joint ROM, muscle flexibility, strength or endurance deficits" include objective measures of clinical exam findings. It states: "ROM should be documented in degrees." ODG Low Back Chapter, under ROM, Flexibility states: "Not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. They do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value." In this case, none of the progress reports discuss this request. The patient has already undergone extensive testing during physical examination. It is not clear why the patient needs specialized testing again. Muscle testing is considered as part of routine musculoskeletal evaluation and ODG does not support specialized tests. Hence, the request IS NOT medically necessary.

Urine toxicology screening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management Page(s): 77.

Decision rationale: The 64 year old patient complains of constant pain in bilateral wrists radiating to hand digits and forearm with numbness and tingling, as per progress report dated 06/18/15. The request is for urine toxicology screening. The RFA for the case is dated 06/18/15, and the patient's date of injury is 02/01/12. Diagnoses, as per progress report dated 06/18/15, included right upper extremity overuse syndrome, left upper extremity overuse syndrome, right hand post-operative hand infection, right thumb trigger at A1, and left thumb trigger at A1. The patient is status post bilateral carpal tunnel syndrome release and status post ventral abdominal hernia. Medications included Norco, Tramadol, Prilosec and Menthoderm. As per progress report dated 04/13/15, the patient has been diagnosed with lumbar musculoligamentous injury, lumbar muscle spasm, lumbar disc protrusion, r/o lumbar radiculitis vs. radiculopathy, bilateral thumb finger trigger, and loss of sleep. The patient is off work, as per progress report dated 04/13/15. MTUS p77, under Opioid management section: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of- contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at 'high risk' of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, the patient is taking Norco and Tramadol, as per progress report dated 06/18/15 and QME report dated 01/29/15. MTUS supports the use of urine toxicology screening in patients using opioids. However, the progress reports do not document when the patient was tested the last time. The treating physician does not discuss the patient's opioid dependence risk either. MTUS only supports annual testing in low-risk patients. Nonetheless, the patient is taking Tramadol. While the Norco was denied, the patient did take the medication in the recent past. Hence, UDS appears reasonable and IS medically necessary.

MRI of abdomen: 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), Hernia Chapter, Magnetic resonance imaging (MRI).

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

Decision rationale: The 64 year old patient complains of constant pain in bilateral wrists radiating to hand digits and forearm with numbness and tingling, as per progress report dated 06/18/15. The request is for MRI of abdomen. The RFA for the case is dated 06/18/15, and the patient's date of injury is 02/01/12. Diagnoses, as per progress report dated 06/18/15, included right upper extremity overuse syndrome, left upper extremity overuse syndrome, right hand post-operative hand infection, right thumb trigger at A1, and left thumb trigger at A1. The patient is status post bilateral carpal tunnel syndrome release and status post ventral abdominal hernia. Medications included Norco, Tramadol, Prilosec and Menthoderm. As per progress report dated 04/13/15, the patient has been diagnosed with lumbar musculoligamentous injury, lumbar muscle spasm, lumbar disc protrusion, r/o lumbar radiculitis vs. radiculopathy,

bilateral thumb finger trigger, and loss of sleep. The patient is off work, as per progress report dated 04/13/15. ODG guidelines, Hernia chapter under Imaging, states: Not recommended except in unusual situations. Imaging techniques such as MRI, CT scan and ultrasound are unnecessary except in unusual situations. (Treatment Planning) Ultrasound (US) can accurately diagnose groin hernias and this may justify its use in assessment of occult hernias. In experienced hands US is currently the imaging modality of choice when necessary for groin hernias and abdominal wall hernias. Postoperative complications may also be evaluated. Computerized tomography (CT) may have a place, particularly with large complex abdominal wall hernias in the obese patient. In this case, a request for abdominal MRI is noted in progress report dated 06/18/15. Progress reports do not document prior MRI of the abdomen. The patient is status post ventral abdominal hernia surgery (date of surgery is not mentioned). The treater, however, does not discuss the purpose of this testing. There is no indication of new symptoms or red flags. Additionally, ODG does not support imaging techniques such as MRI for hernia. Hence, the request IS NOT medically necessary.