

Case Number:	CM15-0184235		
Date Assigned:	09/24/2015	Date of Injury:	05/22/2011
Decision Date:	12/03/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/18/2015

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: Preventive Medicine, Occupational 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 55 year old female, who sustained an industrial-work injury on 5-22-11. A review of the medical records indicates that the injured worker is undergoing treatment for carpal tunnel syndrome, trigger finger acquired, right tenosynovitis status post first extensor release right hand. Medical records dated (2-12-15 to 9-1-15) indicate that the injured worker complains of right wrist pain. The injured worker complains of numbness and tingling in the right hand with problems with gripping, grasping, pulling, lifting, doing chores and personal care. The medical record dated 9-1-15 the physician indicates that she underwent first extensor release surgery on the right. She is doing well with no signs of infection. The injured worker states that the medications help to relieve the pain. Per the treating physician report dated 9-1-15 the injured worker has not returned to work. The physical exam dated 9-1-15 reveals mild tenderness along the incision site right hand area. There are no signs of erythema, swelling or infection, the sutures were removed without difficulty and band aid was applied. There is good sensation in the hands and fingers. The physician indicates that the injured worker requires Aciphex for gastritis. Treatment to date has included pain medication Tramadol since at least 2-12-15, Aciphex since at least 6-17-15, Naproxen since at least 4-28-15, Norco since at least 7-28-15, right wrist surgery 8-10-15, splinting, Transcutaneous electrical nerve stimulation (TENS), bracing, ice and other modalities. There is no urine drug screen reports noted. The request for authorization date was 9-1-15 and requested services included Twelve (12) sessions of hand therapy for the right wrist, Tramadol ER, 150mg, #30, Aciphex 20mg, #30, Naproxen 550mg, #60 and Norco 10-325mg, #30. The original Utilization review dated 9-10-15 modified

a request for included Twelve (12) sessions of hand therapy for the right wrist was modified to 10 sessions of hand therapy for the right wrist as recommended by the guidelines. The request for Tramadol ER, 150mg #30 was non-certified as per the guidelines there was no documented decrease in pain and improvement in function. The request for Aciphex 20mg, #30 was non-certified as per the guidelines there is no documentation that there is risk for gastrointestinal events. The request for Naproxen 550mg, #60 was non-certified as per the guidelines there was no documented decrease in pain and improvement in function. The request for Norco 10-325mg, #30 was non certified as per the guidelines there is limited documentation supporting its effect on pain and function as well as lack of abuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of hand therapy for the right wrist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: The injured worker is status-post Tenosynovectomy (08-10-15). Per the Post-Surgical guidelines, the post-surgical period for extensor tenosynovectomy is 6 months and the post-surgical treatment period is 14 visits over 3 months. In this case, the injured worker remains in the post-surgical period and has had no physical therapy up to this point. The request for twelve (12) sessions of hand therapy for the right wrist is determined to be medically necessary.

Tramadol ER, 150mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications, Opioids for chronic pain.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. Per the available documentation, the injured worker has been prescribed this medication since at least early 2014. There is a lack of documentation of pain relief and functional

improvement prior to surgery on 08-10-15. This request is for post-surgical Tramadol. There is no opioid contract, risk assessment profile, or urine drug screen available for review. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol ER, 150mg, #30 is determined to not be medically necessary.

Aciphex 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Proton pump inhibitors, such as Aciphex are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Aciphex when using NSAIDs. The request for Aciphex 20mg, #30 is determined to not be medically necessary.

Naproxen 550mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs).

Decision rationale: The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. In this case, the injured worker is status-post Tenosynovectomy and a short course of post-surgical NSAIDs is appropriate. The request for Naproxen 550mg, #60 is determined to be medically necessary.

Norco 10/325mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. This request is for post-surgical Norco. There is no opioid contract, risk assessment profile, or urine drug screen available for review. The request for Norco 10/325mg, #30 is determined to not be medically necessary.