

Case Number:	CM15-0194421		
Date Assigned:	10/08/2015	Date of Injury:	05/15/2004
Decision Date:	11/18/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/02/2015

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 34-year-old male with an industrial injury date of 05-15-2004. Medical record review indicates he is being treated for complete laceration over the dorsum of the left index finger MCP (metacarpophalangeal) status post-surgery with residual dysesthesia and intermittent cramping of the left hand, secondary insomnia due to chronic pain and secondary gastrointestinal upset due to use of medication. Subjective complaints (08-06-2015) included left index finger pain rated as 7-8 out of 10 without medications. "His pain does decrease by 30-50% with medications depending on the days." The treating physician indicated the injured worker was having increased anxiety over the "last several weeks" due to chronic pain, "which he states is now impacting his workday as well." "The patient was considered permanent and stationary with open future care." His medications included Norco, Ambien, Omeprazole, Naproxen and Soma. Prior treatments included physical therapy, surgery and medications. Objective findings (08-06-2015) documented altered sensation to light touch around the surgical scar over the dorsum of the MCP (metacarpophalangeal) joint of the left index finger. MCP (metacarpophalangeal) range of motion for index finger was flexion 80% and extension 20%. The treatment plan included labs to include liver function test and renal function tests, follow up in two months and Hydroxyzine 50 mg at bedtime for "anxiety secondary to chronic pain." Medical record review does not indicate the prior use of Hydroxyzine or any other anti-anxiety medications. On 09-09-2015 the request for the following treatments was non-certified by utilization review. 1 prescription of Hydroxyzine 50 mg, 1 Renal Function Test, 1 Liver Function Test.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Liver Function Test: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: The current request is for 1 LIVER FUNCTION TEST. Prior treatments included physical therapy, surgery of the left index finger (2004), and medications. The patient is permanent and stationary. The patient is working modified duty. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Chronic Pain Medical Treatment Guidelines, page 70, NSAIDs, Specific Drug List & Adverse Effect section, does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." Per report 08/06/15, the patient presents with left index finger pain. The patient reported increased anxiety over the last several weeks due to chronic pain, which he states is now affecting his workday. Examination revealed altered sensation to light touch around the surgical scar over the dorsum of the MCP (metacarpophalangeal) joint of the left index finger. MCP (metacarpophalangeal) range of motion for index finger was flexion 80% and extension 20%. His medications included Norco, Ambien, Omeprazole, Naproxen and Soma. The treater recommended a refill of medications, and labs. There is no rationale provided for this request. The patient has been taking Naproxen since 2004, and MTUS Guidelines support liver and renal function tests for patients on chronic NSAIDs therapy. There is no indication of any recent labs. The request appears reasonable and within guideline recommendations. Therefore, the request IS medically necessary.

1 Renal Function Test: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: The current request is for 1 RENAL FUNCTION TEST. Prior treatments included physical therapy, surgery of the left index finger (2004), and medications. The patient is permanent and stationary. The patient is working modified duty. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Chronic Pain Medical Treatment Guidelines, page 70, NSAIDs, Specific Drug List & Adverse

Effect section, does discuss “periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests).” MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." Per report 08/06/15, the patient presents with left index finger pain. The patient reported increased anxiety over the last several weeks due to chronic pain, which he states is now affecting his workday. Examination revealed altered sensation to light touch around the surgical scar over the dorsum of the MCP (metacarpophalangeal) joint of the left index finger. MCP (metacarpophalangeal) range of motion for index finger was flexion 80% and extension 20%. His medications included Norco, Ambien, Omeprazole, Naproxen and Soma. The treater recommended a refill of medications, and labs. There is no rationale provided for this request. The patient has been taking Naproxen since 2004, and MTUS Guidelines support liver and renal function tests for patients on chronic NSAIDs therapy. There is no indication of any recent labs. The request appears reasonable and within guideline recommendations. Therefore, the request IS medically necessary.

1 prescription of Hydroxyzine 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sheldon LK, Swanson S, Dolce A, Marsh K, Summers J. Putting evidence into practice: evidence-based interventions for anxiety. Clin J Oncol Nurs. 2008 Oct; 12 (5) : 789-97 [69 references] Pub Med.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, under Insomnia treatment topic.

Decision rationale: The current request is for 1 PRESCRIPTION OF HYDROXYZINE 50MG. Prior treatments included physical therapy, surgery of the left index finger (2004), and medications. The patient is permanent and stationary. The patient is working modified duty. ODG-TWC, Mental Illness & Stress Chapter, under Insomnia treatment topic states: "Sedating antihistamines (primarily over-the-counter medications): Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine [Benadryl, OTC in U.S.], promethazine [Phenergan, prescription in U.S., OTC in other countries]). Tolerance seems to develop within a few days... sedating antihistamines are not recommended for long-term insomnia treatment. The AGS updated Beers criteria for inappropriate medication use includes diphenhydramine. (AGS, 2012)." Per report 08/06/15, the patient presents with left index finger pain. The patient reported increased anxiety over the last several weeks due to chronic pain, which he states is now affecting his workday. Examination revealed altered sensation to light touch around the surgical scar over the dorsum of the MCP (metacarpophalangeal) joint of the left index finger. MCP (metacarpophalangeal) range of motion for index finger was flexion 80% and extension 20%. His medications included Norco, Ambien, Omeprazole, Naproxen and Soma. The treater recommended "Hydroxyzine 50mg q.h.s for anxiety secondary to chronic pain." It appears the treater is initiating the use of Hydroxyzine, as it is not included in previous reports. In this case, the progress reports do document insomnia and anxiety. However, ODG states that tolerance develops within a few days, and it is not intended for a long-term use. The current request, as stated in the report and RFA, is for q.h.s without specifying the quantity or recommended duration of use. Therefore, the request IS NOT medically necessary.