

Case Number:	CM15-0196557		
Date Assigned:	10/12/2015	Date of Injury:	07/24/2012
Decision Date:	11/16/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/06/2015

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: Anesthesiology

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, who sustained an industrial injury on July 24, 2012. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having enthesopathy of wrist and carpus, sprain and strain of elbow and arm unspecified, sprain and strain of elbow and arm unspecified and sprain and strain of shoulder arm unspecified. Treatment to date has included medications, diagnostic studies and physical therapy. On August 18, 2015, an MRI of the right wrist showed lateral dislocation of the distal ulna, mild to moderated partial tearing in the ulnar aspect of the trachea with fibrocartilage, fluid collection in the distal volar radial recess and fluid collection in the volar subcutaneous tissues which may represent ganglion cyst. On September 16, 2015, the injured worker complained of pain, stiffness, numbness and weakness in the bilateral shoulders as well as the right wrist, hand and thumb. Physical examination revealed tenderness, spasm and decreased range of motion. The treatment plan included follow up visits, open MRA of right wrist, Norco, Ibuprofen and urine analysis for drug compliance. On September 29, 2015, utilization review denied a request for urine analysis, Ibuprofen 800mg #60, Norco 10-325mg #42 and open MRA right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine analysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing (UDT).

Decision rationale: According to the CA MTUS, drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The CA MTUS Guidelines recommend use of drug screening or inpatient treatment with issues of abuse, addiction or poor pain control. According to the ODG, urine drug testing (UDT) is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. UDT is not generally recommended in an acute treatment setting (i.e. when opioids are required for nociceptive pain). It is recommended in cases in which the patient asks for a specific drug, particularly if the drug has high abuse potential, the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic substitution. UDT is recommended if the patient has a positive or "at risk" addiction screen on evaluation and if aberrant behavior or misuse is suspected and/or detected. For ongoing-monitoring UDT is recommended if a patient has evidence of a "high risk" of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. If dose increases are not decreasing pain and increasing function, consideration of urine drug testing should be made to aid in evaluating medication compliance and adherence. In this case, there is no documentation of a risk factor assessment or when last UDT was done. Medical necessity for the requested service has not been established. The requested urine testing is not medically necessary.

Ibuprofen 800mg 1 once a day, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Motrin (Ibuprofen) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, osteoarthritis, and acute exacerbations of chronic pain. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient has been on NSAIDs without any documentation of analgesic benefit or objective functional improvement. Medical necessity of the requested medication, Motrin 800mg, has not been established. The request for this medication is not medically necessary.

Norco 10/325mg twice a day, #42: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Open MRA right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI's (magnetic resonance imaging).

Decision rationale: According to the ODG, magnetic resonance imaging (MRI) has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. Many articles dispute the value of imaging in the diagnosis of ligamentous tears, because arthroscopy may be more accurate and treatment can be performed along with the diagnosis. In this case, an MRI of the right wrist was done on 8/18/15. There is no documentation of an indication for an additional MRI of the right wrist. Per ODG, a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Medical necessity for the requested MRI study has not been established. The requested study is not medically necessary.