

Case Number:	CM15-0198161		
Date Assigned:	10/19/2015	Date of Injury:	09/19/2012
Decision Date:	12/01/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/08/2015

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: Oregon
 Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 51 year old female who sustained an industrial injury on 9-19-12. The injured worker reported painful right triggering finger. A review of the medical records indicates that the injured worker is undergoing treatments for status post cervical discectomy and fusion, impingement syndrome of right shoulder, right middle trigger finger, right ring trigger finger. Medical records dated 9-22-15 indicate pain rated at 4 to 5 out of 10. Provider documentation dated 9-22-15 noted the work status as permanent and stationary. Treatment has included Vicodin since at least April of 2015, Soma since at least April of 2015, Robaxin, Anaprox since at least April of 2015, Prilosec since at least April of 2015, status post right long trigger finger release (9-20-12). Objective findings dated 9-22-15 were notable for right finger with tenderness and palpable nodule, cervical paraspinal tenderness and spasms. The original utilization review (10-1-15) partially approved a request for Associated surgical service: Cold therapy unit (rental or purchase), Associated surgical service: Home therapy kit (right trigger finger), Vicodin ES 7.5-300MG #90, Robaxin 750mg #60, Prilosec 20mg #30 (refill 2), Anaprox 550mg #60 and Pre-operative Chest x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Cold therapy unit (rental or purchase): 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).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

Decision rationale: California MTUS ACOEM Forearm, Wrist, and Hand Complaints, page 265, ODG Forearm, Wrist, Hand California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Second Edition, 2004, Forearm, Wrist, and Hand Complaints, page 265: patients' at home applications of heat or cold packs may be used before or alter exercises and are as effective as those performed by a therapist. A cold therapy unit is not required. Cold packs should be sufficient for postoperative pain. A specialized unit is not medically necessary when a cold pack is of equal efficacy.

Associated surgical service: Home therapy kit (right trigger finger): 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).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: According to the California MTUS guidelines, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime." Documentation provided for review does not suggest what the home exercise kit for the hands consists of. While it is acknowledge that this patient needs additional treatment and that a home exercise kit could be beneficial, without documentation of what the kit consists of, the request is not medically necessary.

Vicodin ES 7.5/300MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Per ACOEM, Initial Approaches to Treatment, page 47 and 48, OPIOIDS: Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects, which the clinician should describe to

the patient before prescribing them. Poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence has been reported in up to 35% of patients. Patients should be informed of these potential side effects. This patient has been on chronic opiates. MTUS recommends only short-term treatment of opiates. Additional opiates are not medically necessary based on the guidelines.

Robaxin 750mg #60: Upheld

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

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

Decision rationale: Per MTUS page 63, Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The patient does not have low back pain. The pain is primarily from trigger finger. A muscle relaxant is not medically necessary.

Prilosec 20mg #30 (refill 2): Upheld

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

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

Decision rationale: MTUS (NSAIDs, GI symptoms & cardiovascular risk page 68) regarding the use of proton pump inhibitors (PPI) such as Protonix, for prophylaxis use indicates that the following risk factors should be present, (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). Documentation provided does not suggest that the patient has any of the noted risk factors noted above and the PPI is not medically necessary. The patient does not have a history of anti-coagulation, previous reaction to NSAIDs or peptic ulcer disease. The patient is not older than 65, is not on steroids and is not on multiple or high dose NSAIDs. The guidelines do not support routine use of PPI's for patients taking NSAIDs.

Anaprox 550mg #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 rationale: Per MTUS page 67, NSAIDs: Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. This patient does not have back pain or osteoarthritis. The request is not medically necessary because the patient does not have one of the diagnoses for which this medication is recommended.

Pre operative Chest x-ray: 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) Treatment in Workers Compensation (TWC), Pre operative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Low Back updated 5/15/15.

Decision rationale: Per ODG: Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. This patient is undergoing a low risk procedure and does not have any documented pulmonary risk factors. CXR is not medically necessary.