MAXIMUS Federal Services

Case Number:	CM15-0040629		
Date Assigned:	03/10/2015	Date of Injury:	10/17/2012
Decision Date:	04/23/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/03/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 62 year old female who sustained an industrial injury on 10/12/2012. The injury was of the right hand, index finger and thumb as well as chest pain. She was diagnosed with a sprain and strain of the right hand. Prior treatments include medications, therapy, and carpal tunnel release. She presented on 01/20/2015 with complaints of pain rated as 3-4/10 with meds and 7/10 with medications. Functional benefits of medications are documented as able to perform activities of daily living, improved participation in home exercise program and improved sleep program. Diagnoses were status post right carpal tunnel and DeQuervains, right wrist and thumb tenosynovitis, DeQuervains carpal tunnel syndrome and carpometacarpal osteoarthritis. The provider requested authorization for right DeQuervains injection under ultrasound guidance and Tylenol # 3 300/30 # 30, noting there was no improvement with conservative therapy and worsening of symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol 3 300/30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s 78 and 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids, "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records to include the most recent progress note dated March 5, 2015 which prescribes this medication reveals no documentation to support the medical necessity of Tylenol #3 nor any documentation addressing the "4 A's'" domains, which is a recommended practice for the on-going management of opioids. Additionally, the appeal dated December 24, 2014 which discusses the MTUS regulation also does not discuss how this regulation pertains to the injured employee. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

Right De Quervains Injection under ultrasound guidance: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand, injection.

Decision rationale: The official disability guidelines indicate that injection is the best therapeutic approach for the treatment of DeQuervains tenosynovitis with an 83% cure rate. Considering the injured employee's lack of improvement with other treatment methods, this request for a right-sided DeQuervains injection under ultrasound guidance is medically necessary.