

<b>Case Number:</b>	CM15-0042071		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	09/19/2007
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: Texas, Florida, 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 was a 58 year old female, who sustained an industrial injury, September 19, 2007. The injured worker previously received the following treatments home exercise program, Dendracin cream, Topamax, Prilosec, TENS (transcutaneous electrical nerve stimulator) unit, Ultracet, Flexeril, Tramadol, Synovacin, Tylenol, Wellbutrin, right wrist MRI, right carpal tunnel brace, cervical collar, right shoulder MRI and psychiatric evaluation. The injured worker was diagnosed with disc disease C5-C6 status post transforaminal injection at C5-C6 on the left with associated headaches, impingement syndrome of the shoulders bilaterally status post injection on the right, MRI showed tendinosis of the right shoulder, epicondylitis medially bilaterally, bilateral carpal tunnel syndrome with negative nerve studies, wrist joint inflammation bilaterally on MRI on the right side showing TFCC tear, degenerative disease along the base of the thumb on the right, radiocarpal joint degenerative changes and the ganglion on the wrist, status post CMC joint injection on the right once and the CMC joint on the left being treated conservatively. Strain along the ulnar collateral ligament of the thumb with laxity on the right side and chronic [pain syndrome. According to progress note of October 22, 2014, the injured workers chief complaint was neck, mid back, right shoulder, right elbow and right wrist. The physical exam noted tenderness along the cervical, thoracic and lumbar paraspinal muscles bilaterally. There was pain in the right shoulder, rotator cuff and biceps tendon. There was pain along the medial and lateral epicondyles bilaterally as well as the wrist, CMC and first extensor bilaterally. The treatment plan included prescription renewal for Norco, Wellbutrin, Topamax, and 1 X-ray AP

and lateral right wrist and base of the thumb, MRI of the right wrist and base of the thumb, GI specialist consultation and internal medicine referral.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 5/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 Page(s): 88 of 127.

**Decision rationale:** In regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not certified per MTUS guideline review.

**Topamax 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-convulsants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page(s): 17 of 127.

**Decision rationale:** The MTUS notes that for chronic non-specific axial low back pain, a recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. (Chou, 2007). There was one randomized controlled study that has investigated topiramate for chronic low back pain. (Muehlbacher, 2006) This study specifically stated that there were no other studies to evaluate the use of this medication for this condition. Patients in this study were excluded if they were taking opioids. No patient had undergone back surgery. Given the lack of study of this medicine for chronic pain, I would not support an incompletely studied medicine for the claimant's condition. The request is appropriately non-certified.

**X-ray AP and lateral right wrist and base of the thumb:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 267-268.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Hand and Wrist, under Radiography.

**Decision rationale:** The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes: Indications for imaging X-rays: Acute hand or wrist trauma, wrist trauma, first exam- Acute hand or wrist trauma, suspect acute scaphoid fracture, first exam, plus cast and repeat radiographs in 10-14 days - Acute hand or wrist trauma, suspect distal radioulnar joint subluxation- Acute hand or wrist trauma, suspect hook of the hamate fracture- Acute hand or wrist trauma, suspect metacarpal fracture or dislocation- Acute hand or wrist trauma, suspect phalangeal fracture or dislocation- Acute hand or wrist trauma, suspect thumb fracture or dislocation- Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury) Chronic wrist pain, first study obtained in patient with chronic wrist pain with or without prior injury, no specific area of pain specified. This claimant does not have acute trauma. Also, there are specific areas of pain. Also, an MRI of the right wrist was already accomplished. There appears to be no significant interval change or damage that would warrant repeat imaging, especially with lesser sensitivity x-rays. The request is appropriately non certified.

**MRI right wrist and base of the thumb:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 129.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Hand and Wrist, under MRI.

**Decision rationale:** The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding MRI of the wrist, the ODG notes: Recommended as indicated below. While criteria for which patients may benefit from the addition of MRI have not been established, in selected cases where there is a high clinical suspicion of a fracture despite normal radiographs, MRI may prove useful. (ACR, 2001) (Schmitt, 2003) (Valeri, 1999) (Duer, 2007) Indications for imaging -- Magnetic resonance imaging (MRI):- Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury)- Chronic wrist pain, plain films normal, suspect soft tissue tumor- Chronic wrist pain, plain film normal or equivocal, suspect Kienbck's disease- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008) This would be a repeat MRI. There is

no significant change or findings suggestive of significant pathology. The request is appropriately not certified.

**GI specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System (UMHS). Gastroesophageal Reflux Disease (GERD). Ann Arbor (MI); University of Michigan Health Systems; 2012 may. 12 p.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): And Chapter 7. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

**Decision rationale:** ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This request for the GI consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not certified.

**Internal medicine referral:** 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) Pain, (Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): And Chapter 7. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

**Decision rationale:** ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. I did not find internal medicine issues that might warrant specialist assessment. This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues,

diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not certified