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| <b>Case Number:</b>   | CM15-0059981 |                              |            |
| <b>Date Assigned:</b> | 04/06/2015   | <b>Date of Injury:</b>       | 03/30/2012 |
| <b>Decision Date:</b> | 05/27/2015   | <b>UR Denial Date:</b>       | 03/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/30/2015 |

### 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: Orthopedic Surgery, Sports 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 is a 61 year old female, who sustained an industrial injury on 3/30/12. She reported bilateral wrist, neck, and back injury. The injured worker was diagnosed as having status post carpal tunnel release right hand (6/27/14), lumbar spine disc protrusion and status post left shoulder arthroscopy. Treatment to date has included right carpal tunnel release, oral medications, topical medications and pain management. Currently, the injured worker complains of numbness of right hand improved following carpal tunnel repair, however has been suffering pain and derangement of right wrist. Physical exam notes limitation of range of motion of right wrist. The treatment plan consisted of request for authorization of right wrist arthroscopy and refill of medications including Naprosyn, Ultram and Flector patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right wrist arthroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 29.

**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 & Hand, Diagnostic arthroscopy.

**Decision rationale:** The request for right wrist arthroscopy is not medically necessary. The Official Disability Guidelines state that diagnostic arthroscopy is recommended as an option if negative results on imaging, but symptoms continue after 4 to 12 weeks of conservative treatment. Patients with marked persistent post-traumatic symptoms despite conservative management are likely to have sustained ligament injuries despite normal radiographs. It is recommended that under these circumstances, an arthroscopy may be carried out as soon as 4 weeks if the patient and surgeon wish to acutely repair significant ligament injuries. The clinical documentation did not include radiographs of the right wrist. The rationale for the requested right wrist arthroscopy was not provided. Given the above, the request is not medically necessary.

**Naprosyn 500mg quantity 15 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

**Decision rationale:** The request for Naprosyn 500 gm, quantity 15 with 1 refill, is not medically necessary. The California MTUS Guidelines indicate that NSAIDs are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time, consistent with the individual patient treatment goals. The clinical documentation provided evidence that the injured worker had been on this medication for an extended duration of time, and there was a lack of functional improvement and an objective decrease in pain. As such, the ongoing use is not supported. Given the above, the request is not medically necessary.

**Ultram 50mg quantity 15 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 78.

**Decision rationale:** The request for Ultram 50 mg, quantity 15 with 1 refill, is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include documentation of pain relief, functional status, side effects, and appropriate medication use with the use of random drug screening as needed to verify compliance. There was no quantified information regarding pain relief. There was a lack of documentation regarding adverse effects and evidence of consistent results on urine drug screens to verify appropriate

medication use. As such, the ongoing use is not supported. Given the above, the request is not medically necessary.

**Flector patch 1/3% quantity 30 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Flector<sup>®</sup> 1/2 patch (diclofenac epolamine).

**Decision rationale:** The request for Flector patch 1/3% quantity 30 with one refill is not medically necessary. The Official Disability Guidelines state that Flector patch is not recommended as a first line treatment. There was a lack of subjective complaints of neuropathic pain and adequate documentation regarding failure of antidepressants and anticonvulsants. There was no documentation indicating the injured worker had osteoarthritis or tendonitis to a joint amenable to topical treatment to justify the need for a topical NSAID. The request as submitted indicated the dose was for 1/3%. Additionally, the application site for the proposed medication was not provided. Given the above, the request is not medically necessary.