MAXIMUS Federal Services

Case Number:	CM15-0070051		
Date Assigned:	04/17/2015	Date of Injury:	03/31/2004
Decision Date:	08/11/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/13/2015

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: Internal 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 45 year old male who sustained an industrial injury on 03/31/2004. The injured worker was diagnosed with status post right shoulder arthroscopy, left shoulder and biceps tendinitis, cervicobrachial syndrome, left carpal tunnel syndrome, De Quervain's tenosynovitis and right carpal tunnel syndrome. The injured worker has a medical history of Von Willebrand's disease. Treatment to date includes diagnostic testing, multiple shoulder and wrist cortisone injections, surgeries, multiple physical therapy sessions post-operatively, wrist splinting and medications. The injured worker is status post right endoscopic carpal tunnel release in April 2013, right shoulder arthroscopic subacromial decompression, distal clavicle resection, superior labral repair and an open biceps tenodesis on May 20, 2014, left knee arthroscopy with partial medial and lateral meniscectomies and patellofemoral chondroplasty in 2005 and left shoulder arthroscopic rotator cuff repair with debridement and decompression in 2007. According to the primary treating physician's progress report on January 21, 2015, the injured worker continues to experience numbness in the left hand. The injured worker has noticed improvement of pain in the right shoulder following surgery with residual weakness. Examination of the right shoulder demonstrated tenderness to palpation over the anterior aspect, decreased rotator cuff strength and diminished range of motion. The right elbow has normal range of motion and negative Tinel's with mild tenderness over the right medial and lateral epicondyles and right forearm. There was a slight decrease in sensation to light touch in the right small and ring finger. Current medications are listed as Oxycodone, Adderall, Voltaren Gel, Methadone, Lodine and Testosterone injections weekly. Treatment plan consists of Kenalog/

Lidocaine injection to the left carpel tunnel, surgery for a left carpal tunnel release and the current request for Methadone, Oxycodone, Adderall, Etodolac, Nexium, Voltaren Gel and Testosterone weekly injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #330: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic multiple joint pain, worse in the right shoulder, neck and low back. Physician reports fail to demonstrate a recent urine drug screen or supporting evidence of significant improvement in the injured worker's pain or level of function and there is no documentation of extenuating circumstances. With guidelines not being met and in the absence of significant response to treatment, the request for Methadone 10mg #330 is not medically necessary.

Oxycodone 10mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is

recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic multiple joint pain, worse in the right shoulder, neck and low back. Physician reports fail to demonstrate a recent urine drug screen or supporting evidence of significant improvement in the injured worker's pain or level of function and there is no documentation of extenuating circumstances. With guidelines not being met and in the absence of significant response to treatment, the request for Oxycodone 10mg #100 is not medically necessary.

Adderrall 30mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/pro/adderall-xr.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines not addressed. Decision based on Non-MTUS Citation http://www.uptodate.com/contents/ dextroamphetamine-and-amphetamine-drug-.

Decision rationale: Adderall is a Central Nervous System Stimulant drug used for the treatment of Adult Deficit Hyperactive Disorder (ADHD) and Narcolepsy. Documentation provided for review fails to demonstrate that the injured worker has a diagnosis that warrants the use of this medication. The request for Adderrall 30mg #60 is not medically necessary per guidelines.

Etodolac 40mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDS) are 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. There is no evidence of long-term effectiveness for pain or function. NSAIDS are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The injured worker's symptoms are chronic and ongoing, without evidence of significant functional improvement or documentation of acute exacerbation. With MTUS guidelines not being met, the request for Etodolac 40mg #60 is not medically necessary.

Nexium 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Nexium. The request for Nexium 20mg #30 is not medically necessary per MTUS guidelines.

Voltaren gel 1%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Voltaren Gel 1% (diclofenac) is a topical non-steroidal anti-inflammatory drug (NSAID) indicated for short-term treatment (4-12 weeks) of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Per MTUS, topical NSAIDS are not recommended for neuropathic pain. The injured worker complains of chronic multiple joint pain, worse in the right shoulder, neck and low back. The medical necessity for Voltaren gel is not established. The request for Voltaren gel 1% to treat this condition is not medically necessary by MTUS.

Testosterone IM 200 mg/ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/testosterone.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Testosterone replacement for hypogonadism (related to opioids).

Decision rationale: Per guidelines, the mechanism of Opiate-induced Hypogonadism appears to be central and has not been determined. ODG recommends Testosterone replacement in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. Routine testing of testosterone levels in men taking opioids is not recommended. Testing may be considered in men who exhibit symptoms or signs of hypogonadism, such as gynecomastia, and are taking long term, high dose oral opioids or intrathecal opioids. Documentation provided for review fails to demonstrate that the injured worker is diagnosed with Hypogonadism and there is no evidence of low testosterone level noted. The request for Testosterone IM 200 mg/ml is not medically necessary per guidelines.