

Case Number:	CM14-0124479		
Date Assigned:	09/25/2014	Date of Injury:	10/14/2010
Decision Date:	10/27/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 47-year-old female who has submitted a claim for neck pain, thoracic or lumbosacral neuritis or radiculitis, shoulder and upper arm pain, rotator cuff syndrome, reflex sympathetic dystrophy of the upper limb, tenosynovitis of hand and wrist, medial epicondylitis, carpal tunnel syndrome, and other lesion of median nerve; associated with an industrial injury date of 10/14/2010. Medical records from 2014 were reviewed and showed that patient complained of severe, constant right upper extremity pain graded 4/10 and 8-9/10 with and without medications, respectively. The patient is able to perform ADLs and participate in HEP. A physical examination showed hypesthesia and swelling in the right upper extremity. The rest of the findings were handwritten and illegible. Treatment to date has included medications, physical therapy, and home exercise program. Utilization review, dated 07/17/2014, denied the requests for Ultram ER, Motrin, diagnostic ultrasound of the left wrist, random urine sample, Neurontin, and continued home care because of lack of supporting information as the medical records submitted for review were handwritten and difficult to read.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and 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. In this case, patient has been prescribed Ultram ER since at least April 2014. The medical records clearly reflect continued analgesia as evidenced by improved VAS scores, continued functional benefit as evidenced by the patient's ability to perform ADLs and improved participation in HEP, and lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Ultram ER 150MG #30 is medically necessary.

Motrin 800mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 22, 46, 72.

Decision rationale: As stated on pages 22, 46, and 72 of CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. Long-term use of NSAIDs is not warranted. Ibuprofen can be taken for mild to moderate pain as 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain. In this case, medical records submitted show that the patient has been prescribed Motrin since at least April 2014. Medical records show an improvement in VAS quantification of pain as well as functional benefits such as ability to perform ADLs and improved participation in HEP. However, long-term NSAID use is not recommended. Furthermore, guidelines do not support the use of doses greater than 400 mg. Therefore, the request for Motrin 800MG #120 is not medically necessary.

Diagnostic ultrasound left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Ultrasound, diagnostic

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the Official Disability Guidelines (ODG) was used instead.

According to the ODG, the use of diagnostic ultrasound is only recommended as an additional option only in difficult cases. In this case, the patient complained of right upper extremity pain. However, the medical records submitted for review did not include physical examination findings of the left wrist. Moreover, the rationale for the present request was not provided. Therefore, the request for Diagnostic Ultrasound Left Wrist is not medically necessary.

Random Urine Sample: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Urine Drug Testing, Opioids, tools for risk stratification & monitoring

Decision rationale: As stated on page 94 of CA MTUS Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'low risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there is an absence of psychiatric comorbidity. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. In this case, the patient can be classified as 'low risk' due to absence of psychiatric comorbidity. Urine drug testing was performed on 01/17/2014 which was consistent with prescribed medications. Additional testing would exceed guideline recommendations, given that the patient is low risk for drug abuse. Therefore, the request for Random Urine Sample is not medically necessary.

Neurotonin 600mg # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ntepilepsy ; Gabapentin Page(s): 16-18; 49.

Decision rationale: According to pages 16-18 and 49 of CA MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia. It has been considered as a first-line treatment for neuropathic pain. In this case, the patient has been prescribed Neurontin since at least April 2014. However, the medical records submitted for review failed to show evidence of neuropathic pain. Guidelines recommend Neurontin as a first-line treatment for neuropathic pain. Therefore, the request Neurontin 600MG #60 is not medically necessary.

Continue Home care four hours a day three days per week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health service Page(s): 51.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines page 51 states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case, the patient complains of right upper extremity pain. However, there was no record of any evaluation report that would show evidence of the need for continued home health aid. Moreover, there is no evidence that the patient is truly homebound, as the patient can perform ADLs and has improved participation in HEP. Therefore, the request for Continue Home Care Four Hours a Day Three Day per Week for 6 Weeks is not medically necessary.