

Case Number:	CM14-0129422		
Date Assigned:	09/05/2014	Date of Injury:	11/02/2012
Decision Date:	09/30/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 50-year-old female with a date of injury of 11/02/2011. The listed diagnoses per [REDACTED] are: 1. Bilateral carpal tunnel syndrome, moderate. 2. Bilateral elbow pain. 3. Status post left carpal tunnel release. 4. Lumbar sprain/strain. According to progress report 06/24/2014, patient presents with lumbar spine, bilateral shoulder, bilateral elbow, bilateral wrist, and bilateral lower extremity pain. She is currently taking ibuprofen that was provided to her by her primary care physician last month, and it helps reduce her pain from 9/10 to 7/10. The treating physician states the patient has attended 12 sessions of physical therapy thus far, which seem to help with increasing her range of motion and decreasing pain. Examination of the wrists revealed decreased range of motion with flexion at 50 degrees, extension 55 degrees, radial deviation 15 degrees on right and 10 degrees on left, and ulnar deviation 25 degrees on right and 20 degrees on left. Grip strength was 4/5. Phalen's and Tinel's test were positive bilaterally. There was decreased sensation in the median and ulnar nerve distributions bilaterally. The treating physician is requesting Tylenol No. 3, Prilosec 20 mg #60, Keratek gel 4 oz, additional physical therapy 2 times a week for 4 weeks for the left hand, and a urine drug screen. Utilization review denied the request on 07/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 (codeine 30/APAP 300mg) #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on Long-term Opioid use Page(s): 88-89.

Decision rationale: The MTUS guidelines state that pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. The MTUS also requires documentation of the 4 As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The treater notes a decrease in pain from 9/10 to 7/10 with Tylenol No. 3 but also states that the medication does not "really control her pain." Furthermore, there are no discussions of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. Given the lack of sufficient documentation warranting long term opiate use, the request is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The MTUS guidelines state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, there is no indication the patient is taking NSAID, and there is no GI assessment or concern of GI issues. The request is not medically necessary.

Kera Tek gel 4 ounces: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

Decision rationale: Keratek is a topical analgesic that contains methyl salicylate 28% and menthol 16%. The MTUS Guidelines allows for the use of topical NSAID for peripheral joint arthritis and tendonitis. In this case, the patient does not suffer from peripheral joint arthritis or tendonitis problems for which topical NSAIDs are indicated for. The request is not medically necessary.

Physical Therapy two times a week for four weeks (2x4) to left hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99.

Decision rationale: For physical medicine, the MTUS recommends 9 to 10 sessions over 8 weeks for myalgia and myositis-type symptoms. Review of the medical file indicates the patient recently received 12 occupational sessions for the left hand. The treating physician notes improvement with these sessions, but does not discuss why the patient is not able to transition to a home exercise program. Furthermore, the treating physician's request for 8 additional sessions, with the 12 already received, exceeds what is recommended by MTUS. The request is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 11th Edition (web) 2014 treatment section for pain under the heading of urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing.

Decision rationale: While the MTUS guidelines do not specifically address how frequent UDS should be obtained or various risks of opiate users, the ODG provides a clear recommendation. The ODG recommends once-yearly urine drug testing following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. Review of the medical file indicates the patient was administered a urine drug screen on 05/20/2014 and 01/16/2014 which was consistent with the medications prescribed. ODG states once a year screening should be sufficient in low-risk patients. The request is not medically necessary.