

Case Number:	CM14-0146540		
Date Assigned:	09/12/2014	Date of Injury:	05/21/2011
Decision Date:	10/17/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/09/2014

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 71-year-old male who reported an injury on 05/21/2011. The mechanism of injury was not submitted for clinical review. The diagnoses included right wrist sprain, right volar wrist ganglion cyst, status post carpal tunnel release, persistent right median neuropathy, cubital tunnel syndrome, and pin abnormalities. The previous treatments included medications, acupuncture, physical therapy, and surgery. Within the clinical note dated 06/23/2014, it was reported the injured worker continued to have pain in his right elbow, wrist, and forearm. The injured worker complained of numbness and tingling and weakness in the right hand. Upon the physical examination, it was noted that the injured worker had tenderness over the right cubital tunnel with a positive elbow flexion test and cubital tunnel compression test. Tenderness was noted over the pronator tunnel with a positive compression test at this level as well. The provider noted the injured worker had decreased sensation in the palmar triangle and also decreased on the right side versus the left palm. The provider requested Voltaren, Protonix, Ultram, Methoderm gel, a right wrist splint, and a urine drug screen. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated on 06/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 100mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66-67.

Decision rationale: The request for Voltaren 100 mg #30 is not medically necessary. The California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period of time. The guidelines note NSAIDs are recommended for the signs and symptoms of osteoarthritis. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton-Pump Inhibitor.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Protonix 20 mg #60 is not medically necessary. The California MTUS Guidelines note proton pump inhibitors, such as Protonix, are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include: over the age of 65; history of peptic ulcer, gastrointestinal bleeding, or perforation; and use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H₂ receptor antagonist or proton pump inhibitor. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there was a lack of documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.

Ultram ER 150mg #60: Upheld

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

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

Decision rationale: The request for Ultram ER 150 mg #60 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the

use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.

Menthoderm 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for Mentoderm 120 gm is not medically necessary. The California MTUS Guidelines recommended ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.

Right Wrist Splint: 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) http://www.odg-twc.com/odgtwc/Forearm_Wrist_Hand.htmACOEM (2nd edition, table 11-7) Splinting for forearm, wrist and hand

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

Decision rationale: The request for a right wrist splint is not medically necessary. The California MTUS/ACOEM Guidelines note splinting is recommended as a first line conservative treatment for carpal tunnel syndrome, De Quervain's, and strains. Prolonged splinting may lead to weakness and stiffness. The injured worker's date of injury was in 2011 which is past the acute phase of first line of conservative treatment. There was a lack of objective findings warranting the medical necessity for the splint. Therefore, the request is not medically necessary.

Urine Drug Screen (in office): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: The request for a urine drug screen (in office) is not medically necessary. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may be also used in conjunction with therapeutic trial of opioids, for ongoing management, and as a screening of risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. While a urine drug screen would be appropriate for individuals on opioids, a urine drug screen after the initial baseline would not be recommended unless there was significant documentation of aberrant drug taking behaviors. There was a lack of documentation indicating the injured worker's last urine drug screen. Therefore, the request is not medically necessary.