

Case Number:	CM14-0148828		
Date Assigned:	09/18/2014	Date of Injury:	07/26/2007
Decision Date:	10/28/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 65-year-old who reported an injury on July 6, 2007. The mechanism of injury was not provided. The injured worker's medications were noted to include Percocet 10/325 mg, Xanax 1 mg, Butrans patch 15 mcg, and Lyrica 75 mg. The injured worker underwent urine drug screens. The surgical history included an external fixator placement with secondary open reduction and internal fixation, and a right wrist radiocarpal fusion. The injured worker had a resection of the distal ulna, soft tissue arthroplasty of the distal radial ulnar joint, stabilization of the distal radial ulnar joint with tenodesis, harvesting of flexor carpi radialis tendon graft and wrist denervation with resection of the anterior and posterior interosseous nerves on 05/28/2014. The injured worker had x-rays on 06/20/2014, which revealed a well positioned arthroplasty of the distal radial ulnar joint. Prior treatments included casting and therapy. There was no Request for Authorization submitted for review. The documentation of 08/26/2014 revealed the injured worker had complaints of right wrist pain. The injured worker had pain that was achy, tingling, and throbbing. The injured worker had associated numbness. The injured worker had depression, anxiety, and joint pain. The injured worker indicated the medications decreased the pain from a 10/10 to a 7/10, and allowed for activities of daily living and exercise without side effects. The injured worker indicated he was unhappy with the surgical outcome and had stopped treatment with the surgeon. The injured worker had pain and stress from surgery, causing increased anxiety interfering with activities of daily living. The injured worker reported passive thoughts of suicidal without a plan. The physical examination revealed diffuse swelling and hypersensitivity to touch over the radial aspect of the wrist. The diagnoses included enthesopathy, wrist, worse, chronic pain syndrome, worse, and osteoarthritis of the forearm that was worse. The treatment plan included decrease Xanax and restart Valium 10 mg 1 by mouth daily to stabilize pain related anxiety and a second opinion for the right wrist, as well

as Butrans patches, Percocet, and Lyrica. The discontinuation of Xanax was due to side effects including increasing anxiety and paranoid thoughts. The injured worker's medications including Percocet 10/325 mg, Valium 10 mg, Lyrica 75 mg, Butrans patches 15 mcg per day were noted to be utilized since at least June 4, 2014. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second opinion consult, right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), PAGE 163

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 6, Page 163

Decision rationale: The Independent Medical Examinations and Consultations Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines indicates that a consultation is intended to aid in assessing the diagnosis, prognosis, and therapeutic management of an injured worker. The clinical documentation submitted for review indicated the injured worker had been treated with surgical intervention; however, the injured worker was noted to be unhappy with surgical outcome and had stopped treatment. There was a lack of documented rationale to support a necessity for a second opinion consultation for the right wrist. There was a lack of documentation of objective findings to support necessity for an additional consultation. There were no objective studies submitted for review nor x-rays indicating a necessity for a second opinion consultation. Given the above, the request for second opinion and consult, right wrist, is not medically necessary or appropriate.

Valium 10 mg, fifteen count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that benzodiazepines are not recommended as a treatment for injured workers for chronic pain for longer than 4 weeks due to a high risk of psychological and physiological dependence. The clinical documentation submitted for review failed to provide the duration of use for the requested medication. However, it was indicated the injured worker had utilized another medication in this classification. There was a lack of documentation of objective benefit and there was a lack of documentation indicating the duration of use. The request as submitted failed to indicate the frequency for the requested medication. Given the above and the lack of

documentation, the request for Valium 10 mg, fifteen count, is not medically necessary or appropriate.

Butrans patches 15 mcg, four count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page ongoing management Page(s): 78 60.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker's pain had an objective decrease. There were no side effects. The injured worker was being monitored for aberrant drug behavior through urine drug screens; however, there was a lack of documentation of objective functional benefit. The duration of use was for at least 2 months. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Butrans patches 15 mcg, four count, is not medically necessary or appropriate.

Percocet 10/325 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page ongoing management, Page(s): 60 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker's pain had an objective decrease. There were no side effects. The injured worker was being monitored for aberrant drug behavior through urine drug screens; however, there was a lack of documentation of objective functional benefit. The duration of use was for at least 2 months. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Percocet 10/325 mg, 120 count, is not medically necessary or appropriate.