

Case Number:	CM14-0155783		
Date Assigned:	09/25/2014	Date of Injury:	01/05/2008
Decision Date:	10/27/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/23/2014

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 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 injured worker is a 59-year-old male who reported an injury on 01/05/2008, reportedly who sustained multiple orthopedic injuries during the performance of his routine customary job duties as a construction worker/scaffolding installer for [REDACTED]. The injured worker's treatment history included EMG/NCS, Functional Capacity Evaluation, medications, topical creams, surgery, injections, x-rays, MRI studies, physical therapy. The injured worker was evaluated on 08/06/2014, it was documented that the injured worker had an Agreed Medical Evaluation on 05/27/2014 noting, in summary, the complexity of the injured worker's right wrist and hand injuries with involvement of essentially every nerve in the upper extremity (ulnar nerve, median nerve, radial nerve); osseous intra-articular fracture and malunion; multiple ligamentous injuries (scapholunar ligament, TFCC, intercarpal ligaments); multiple surgical procedures undertaken, complications including the rupture of the extensor pollicis longus tendon with tendon transfer index of index digit indicis proprius to extensor pollicis longus; have provided a cacophony of impairing factors, each that has not been consider adequately by singular methods within the guides. Therefore, the injured worker's decreased motion, loss of grip strength represents a continuum of injuries, each presenting an impairing factor that has not been considered adequately by other methods within the guides, such that both the loss of grip and decreased motion may be rated separately for distinct, unrelated etiologic pathomechanical mechanisms. Physical examination revealed the injured worker was alert and oriented and in no acute distress. Gait was antalgic. Injure worker had tenderness to palpation of the cervical, thoracic, lumbar paraspinals. Decreased right C5, C6, C7 and C8 dermatomes to pinprick and light touch. Decreased left L4, L5 and S1 dermatomes to pinprick and light touch. 5-/5 right deltoid, biceps, internal and external rotators, 4+/5 extensors and wrist flexors. The rest was 5/5 in the lower extremities. L'Hermite's was positive. Spurling's test was positive bilaterally

causing pain in shoulders. Medications included Ketoprofen cream, docusate and Hydrocodone/APAP. The provide noted, with regard to medication, the injured worker is taking Naprosyn 550 mg twice a day as needed for pain. He states his medication helps reduce his pain and improve his daily function. He currently reports the utilization of Ketoprofen cream which, per the injured worker, helps to reduce his oral medication intake. In addition, the injured worker continues to use docusate for constipation. He current denies any side effects to his medications. The diagnoses included HNP of cervical spine, right shoulder bursitis, right shoulder impingement, status post right extensor indicis proprius to extensor pollicis longus tendon and status post left knee surgery. Request for Authorization dated 08/04/2014 was for orthopedic consultation, Hydrocodone/APAP, Ketoprofen cream and medication as outlined above in line with the AME.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consutlation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Lumbar, Office Visits

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 requested is not medically necessary. American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. The provider indicated he was requesting a nephrology consultation to evaluate the injured worker's kidneys and determine what medications he can take on an industrial basis and determine if the medication he is taking on an industrial basis is damaging his kidneys. Also was requesting an orthopedic consultation to address the injured worker's general orthopedic complaints. With regard to the request for orthopedic consultation, it was noted that it remains relevant that on 11/05/2013, peer review gave a recommendation authorizing a follow-up visit with the orthopedic surgeon for the left knee and right shoulder. However, the results of this follow-up visit have not been established. As such, the request for orthopedic consultation is not medically necessary.

Hydrocodone/APAP 5-325mg quantity #30: 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 Hydrocodone/APAP is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. There was lack of evidence of outcome measurements of conservative care such as, pain medication management or home exercise regimen outcome improvements noted for the injured worker. The documentation submitted for review there was no a urine drug screen submitted to indicate Opioids compliance for the injured worker. The request submitted failed to include frequency and duration of medication. As such, the request for Hydrocodone/APAP 5/325 mg #30 is not medically necessary.

Hydrocodone/APAP 5-325mg quantity #30: 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 Hydrocodone/APAP5-325 mg is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. There was lack of evidence of outcome measurements of conservative care such as, pain medication management or home exercise regimen outcome improvements noted for the injured worker. The documentation submitted for review there was no a urine drug screen submitted to indicate Opioids compliance for the injured worker. The request submitted failed to include frequency and duration of medication. As such, the request for Hydrocodone/APAP 5/325 mg #30 is not medically necessary.

Ketoprofen 20%: 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 Ketoprofen Page(s): 111 112.

Decision rationale: The requested is not medically necessary. California MTUS indicates Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of Ketoprofen: This agent is not currently FDA approved for a topical application. The compound

also included topical Ketamine which is under study and is only recommended in treatment of neuropathic pain which is refractory to all primary and secondary treatment. The guidelines do not recommend Ketoprofen and as such the use of the compound would not be supported. The provider failed to indicate the injured worker having tried and failed antidepressants and anticonvulsants. Additionally, the provider failed to include on the request submitted the location where topical cream is supposed to be applied and frequency and duration of medication. As such, the request for Ketoprofen 20% is not medically necessary.

Medications as outlined above in line with the AME: 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 Chapter 7, page 127.

Decision rationale: The request for medications as outlined above in line with the AME is not medically necessary. According to American College of Occupational and Environmental Medicine (ACOEM) state that occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment may also be useful in avoiding potential conflicts of interest when analyzing causation or when prognosis, degree of impairment or work capacity requires clarification. A referral may be for: (1) Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, permanent residual loss and/or the examinee's fitness for return to work, a consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of examinee or patient; (2) independent medical examination (IME) to provide medical legal documentation of fact, analysis and well-reasoned opinion, sometimes including analysis of causality. With regard to the request for outlined above in line with the AME, if additional medication is being requested other than the Hydrocodone/APAP and Ketoprofen, please specify in the Request for Authorization all of the medications that are being requested. Per the guidelines include dosage, number prescribed and number of refills. Additionally, the documentation submitted for medications should include evidence of opiate medication management, average pain, intensity of pain and longevity of pain relief. The documents should include a urine drug screen for opiate compliance for the injured worker. As such, the request for medications outlined above in line with the AME is not medically necessary.