

Case Number:	CM14-0084845		
Date Assigned:	09/10/2014	Date of Injury:	08/28/2013
Decision Date:	10/16/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/06/2014

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 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 32 year old female who sustained an injury on 08/28/13 due to repetitive use of the hands. The injured worker was assessed with trigger fingers and trigger thumb of the right hand. The injured worker was status post trigger finger release in 03/14. The injured worker was referred for post-operative physical therapy however it was unclear when further post-operative physical therapy was completed. As of 05/09/14 the injured worker described continuing stiffness and discomfort in A1 pulleys of the right thumb and third and fourth digits with hypesthesia. Physical examination noted full range of motion with ongoing tenderness over incision sites. The injured worker was recommended for additional physical therapy. Medications continued at this visit included Hydrocodone, Pantoprazole and Orphenadrine. Prior urine drug screens were notable for inconsistent medication use. The requested internal medicine consult and medications were denied by utilization review on 05/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACEOM Chapter 7 Page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 32

Decision rationale: This request for internal medicine consult is not considered as medically necessary. It is unclear what the rationale was for internal medicine consult. No specific findings on the most recent physical examination was noted establishing any concerns regarding internal medicine conditions that would require consult. At this time, it is unclear how internal medicine consult would provide any additional information that would help delineate the course of treatment for the injury in question. Therefore, the request is not medically necessary.

Pantoprazole 20 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Page(s): 68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors

Decision rationale: In regards to the use of Pantoprazole 20mg quantity 90, this request is considered not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor, this request is considered not medically necessary.

Hydrocodone/Acetaminophen 10/325 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen Page(s):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 88-89.

Decision rationale: In regards to the use of Hydrocodone 10/325mg quantity 60, this request is considered not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The injured worker has been utilizing this medication over an extended period of time. Per current evidence based guidelines, the use of a short acting narcotic such as Hydrocodone can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting narcotics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic medications results in any functional improvement. The clinical documentation provided for review did not identify

any particular functional improvement obtained with the ongoing use of Hydrocodone. No specific pain improvement was attributed to the use of this medication. The clinical documentation also did not include any compliance measures such as toxicology testing or long term opiate risk assessments (COMM/SOAPP) to determine risk stratification for this injured worker. This would be indicated for Hydrocodone given the long term use of this medication. As there is insufficient evidence to support the ongoing use of Hydrocodone, this request is considered not medically necessary.

Orphenadrine 100 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63 and 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-67.

Decision rationale: In regards to the use of Orphenadrine 100mg quantity 60, this request is considered not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this request is considered not medically necessary.