MAXIMUS Federal Services

Case Number:	CM14-0096226		
Date Assigned:	07/28/2014	Date of Injury:	07/19/2007
Decision Date:	09/22/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/24/2014

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 Family 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:

This is a 31 year old male patient who reported an industrial injury to the bilateral wrists and bilateral elbows on 7/19/2007, over six (6) years ago, attributed to the performance of his customary job tasks. The patient was subsequently treated with a right cubital tunnel release on 1/28/2009; a second left wrist procedure on 9/20/2010; right elbow surgery on 3/28/2012. The patient received multiple corticosteroid injections to the first dorsal compartment and was assessed as failing conservative care. The patient underwent a left first dorsal compartment release; extensor Tino synovectomy; excision hypo pigmented scar first dorsal compartment region; reconstruction first dorsal compartment wound and was ordered a CPM for the fingers; a cold therapy unit; a custom-made spica splint; and Norco 10/325 mg #90. The patient was diagnosed as having chronic left de Quervain's tenosynovitis, left first dorsal compartment area hypo pigmentation from a corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM machine for fingers-30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Section Forearm, wrist, and hand chapter-physical therapy; static progressive stretch therapy; exercises.

Decision rationale: The use of the right wrist CPM unit/Dynasplint for wrist s/p DQR is not addressed by the CA MTUS or the ACOEM Guidelines for the care of the patient post operatively. The use of the wrist CPM/Dynasplint is considered not medically necessary for the rehabilitation of the wrist and hand by evidence based guidelines such as the Official Disability Guidelines. The requesting provider has provided no objective evidence to support the medical necessity of the wrist CPM unit/Dynasplint for the rehabilitation of the hand/wrist s/p extensor tenosynovectomy.There is no supportive evidence to support the guidelines for the requested rental or purchase of the wrist/hand CPM/Dynasplint. The patient is not documented to be an appropriate candidate for a CPM unit/Dynasplint for the performed surgical intervention as there is no "connective tissue changes (e.g., tendons, ligaments) as a result of traumatic and non-traumatic conditions or immobilization, causing limited joint range of motion, including total knee replacement, ACL reconstruction, fractures, & adhesive capsulitis." There is no demonstrated medical necessity for the CPM unit rental x30 days for the post operative care of an extensor tenosynovectomy for the diagnosis of de Quervain's tenosynovitis. The ODG does not recommend a CPM for a left First dorsal compartment release.

Cold Therapy Unit-30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) wrist, forearm, hand chapter and low back chapter- cold/heat packs; heat therapy.

Decision rationale: The request for the motorized cold unit is not supported with objective evidence that demonstrates medical necessity and is inconsistent with the recommendations of the CA MTUS for the treatment of post operative pain to the hand/wrist s/p first dorsal compartment release. There is no demonstrated medical necessity for the Cold Therapy unit over the recommended cold packs. The requested DME is inconsistent with evidence based guidelines and not medically necessary for the rehabilitation of the left hand. There are many alternatives available for the application of cold to the hand.

Custom made Spice Splint: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist, and hand chapter-splints.

Decision rationale: The requested left wrist brace is not demonstrated to be medically necessary for the treatment of the left wrist/hand post operatively. There is no demonstrated medical necessity for a custom spica splint over a prefabricated wrist splint s/p first dorsal compartment release with extensor tenosynovectomy. There is no objective evidence provided to support the medical necessity of a custom-made spica splint. There was no rationale provided to support the medical necessity of the requested custom splint over the prefabricated postoperative wrist splints available. The patient is diagnosed with a left wrist de Quervain's tenosynovitis and is s/p First dorsal compartment release with extensor tenosynovectomy. There are no documented objective findings on examination to support the medical necessity of the requested custom spica left wrist brace for the post operative care of the patient s/p First dorsal compartment release with scar revision.

Hydrocodone/Acetaminophen (Norco) 10-325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter opioids.

Decision rationale: The provider has not shown medically necessity for functional improvement as a result of the current regimen of Norco 10/325 mg #90 directed to post-operative pain. As noted by evidence-based guidelines, opiates may be continued if the patient has returned to work and has improved functioning and pain. Additionally, there is no indication of an improvement in pain levels or functionality to substantiate ongoing utilization of opiate medication.Long-term use of opiates is not supported by current evidence based guidelines. ODG states: "Routine long-term opioid therapy is not recommended, and ODG recommends consideration of a one-month limit on opioids for new chronic non-malignant pain patients in most cases, as there is little research to support its use." The patient has been taking opiate medication on a long-term basis, which is not consistent with evidence-based guidelines.The prescription for Norco 10/325 mg #90 for short acting pain is being prescribed as an opioid analgesic for the treatment of chronic wrist/hand pain for the date of injury 6 years ago. The patient is diagnosed de Quervain's tenosynovitis for which the patient has undergone a first dorsal compartment release. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. The patient should be titrated down and off of the prescribed Norco. The chronic use of Norco is not recommended by the CA MTUS; the ACOEM Guidelines or the Official Disability Guidelines for the long term treatment of chronic wrist/hand pain. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is inconsistent with evidence-based guidelines.The prescription of opiates on a continued long-term basis is inconsistent with the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is

objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain issues.Evidence based guidelines necessitate documentation that the patient has signed an appropriate pain contract, functional expectations have been agreed to by the clinician and the patient, pain medications will be provided by one physician only, and the patient agrees to use only those medications recommended or agreed to by the clinician to support the medical necessity of treatment with opioids.The ACOEM Guidelines updated chapter on chronic pain states "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long-range adverse effects such as hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect."ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, if: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also notes, "Pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function." Evidence based guidelines recommend: Chronic back pain: Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. In patients taking opioids for back pain, the prevalence of lifetime substance use disorders has ranged from 36% to 56% (a statistic limited by poor study design). Limited information indicated that up to one-fourth of patients who receive opioids exhibit aberrant medication-taking behavior.The ODG states that chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long-range adverse effects such as hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect. (Ballantyne, 2006) (Furlan, 2006) Long-term, observational studies have found that treatment with opioids tends to provide improvement in function and minimal risk of addiction, but many of these studies include a high dropout rate (56% in a 2004 meta-analysis), (Kalso, 2004). There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain. (Martell-Annals, 2007) (ODG, Pain Chapter).There is no clinical documentation by the requesting provider with objective findings

on examination to support the medical necessity of Norco for this long period of time 6 years status postdate of injury. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Norco. There is no demonstrated medical necessity for the prescribed Opioids. The patient should have been weaned down and discontinued from the prescribed hydrocodone by this time. The patient was authorized #30 for the treatment of postoperative pain.

Ondansetron ODT (Zofran) 4mg QD PK/30- 1 refill: 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 ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48,Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section Pain Chapter opioids.

Decision rationale: The requesting treating physician provided no objective evidence to support the medical necessity of the prescribed Zofran/Ondasetron for nausea or vomiting. The prescription of Zofran for episodes of nausea and vomiting allegedly due to the prescribed medications is not medically necessary. Ondasetron is typically prescribed for the nausea and vomiting associated with chemotherapy and is not medically necessary for nausea suggested to be caused by medication side effects. There is no documentation of any medications caused such side effects or the use of typical generic medications generally prescribed for nausea or vomiting. The prescription was provided without objective evidence of medication side effects or any relation to the effects of the industrial injury. There is no documentation of the failure of more common anti-emetics. The prescription of Zofran is recommended only for the nausea and vomiting associated with chemotherapy and is not FDA approved for the use of general nausea secondary to medications in pain management. The use of the Zofran for the effects of the industrial injury is not supported with objective evidence that demonstrates medical necessity over conventionally prescribed anti-emetics. The patient is being prescribed Ondansetron for an off label purpose and does not meet the criteria recommended for the use of the anti-nausea medications developed for chemotherapy side effects.