

Case Number:	CM15-0116241		
Date Assigned:	06/24/2015	Date of Injury:	12/09/2006
Decision Date:	07/23/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

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 60 year old female who sustained a work related injury December 9, 2006. Past history included type II diabetes, hypertension, hyperthyroidism, right wrist carpal tunnel surgery, 2012, and right elbow surgery, 2012. According to a primary treating physician's follow-up report, dated May 4, 2015, the injured worker presented with continuing tingling and pain with weakness in her left hand. Treatment to date included additional splinting, medication, rest, and multiple Dexamethasone injections. Physical examination revealed persistent focal tenderness directly over the left carpal tunnel with dysesthesias extending into the thumb and index finger as well as proximally into the forearm. Tinel, Phalen, and Durkin signs are positive and sensations in the median innervated digits are decreased. Impressions are history of bilateral carpal tunnel syndrome with lateral epicondylitis; s/p right carpal tunnel release with elbow denervation for lateral epicondylitis, February, 2012; s/p left carpal tunnel release and denervation of the left elbow, October, 2012; s/p platelet rich plasma injection June, 2013; recurrent left median neuropathy. Treatment plan included to proceed with left hand surgery as authorized, pending, and at issue, a request for authorization for Dilaudid, pre-operative medical clearance including electrolytes, and pre-operative chest x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4 mg, sixty 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 (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines discuss the initiation and ongoing use of opioids, including Dilaudid. For initiation of an opioid, the guidelines state the following: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. For ongoing use, actions should include the following: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, the use of Dilaudid appears targeted to the patient's post-operative period. The number of tablets requested (#60) exceeds what would be expected for short-term use in the immediate post-operative period. The initial dose of Dilaudid is typically 2 mg every 4 hours. In the Utilization Review process, the number of tablets authorized allows for the use of Dilaudid short-term to address the patient's post-operative pain. Additional prescriptions of Dilaudid would be based on an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. For this reason, #60 tablets of Dilaudid 4 mg is not medically necessary.

One pre-operative medical clearance to include electrolytes: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Choosing Wisely; An Initiative of the American Board of Internal Medicine Foundation. Accessed: www.choosingwisely.org.

Decision rationale: The American Board of Internal Medicine has established the Choosing Wisely campaign with the goal of advancing a national dialogue on avoiding wasteful or unnecessary medical tests, treatments and procedures. Included within the Choosing Wisely Campaign are comments on the pre-operative use of medical clearance to include serum electrolyte testing. These guidelines state that these requested laboratory tests are not necessary

before low-risk surgery. The records indicate that the proposed hand surgery is low-risk. Therefore, pre-operative medical clearance with serum electrolytes is not medically necessary.

One pre-operative chest X-ray: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Choosing Wisely: An Initiative of the American Board of Internal Medicine Foundation Accessed: www.choosingwisely.org.

Decision rationale: The American Board of Internal Medicine has established the Choosing Wisely Campaign with the goal of advancing a national dialogue on avoiding wasteful or unnecessary medical tests, treatments and procedures. Included within the Choosing Wisely Campaign are comments on the pre-operative use of a Chest X-ray. These guidelines state that pre-operative Chest X-rays are not necessary before low-risk surgery. The records indicate that the proposed hand surgery is low-risk. Therefore, a pre-operative Chest X-ray is not medically necessary.