

Case Number:	CM15-0119008		
Date Assigned:	06/29/2015	Date of Injury:	05/22/2015
Decision Date:	08/21/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/19/2015

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: Physical Medicine & Rehabilitation

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 39-year-old male with an industrial injury dated 05/22/2015. The mechanism of injury is documented as occurring when a large rod iron gate fell back and hit his head and the right side of his body with the iron spikes puncturing his right upper arm and shoulder area. His diagnoses included right shoulder penetrating soft tissue injury, right wrist and elbow strain with shoulder contusion and cervical and lumbar strain. Prior treatment included suturing of laceration, tetanus injection and wound care. There were no previous industrial injuries documented. He presented on 06/08/2015 with complaints of constant pain in the cervical spine radiating into the right shoulder and down the right arm. He also describes aching in his neck with occasional popping and frequent headaches. He complains of pain in the right shoulder radiating to the arm. He was unable to raise his right arm above his shoulder. He also complains of right wrist and hand pain along with pain in the lumbar spine. The physical exam noted a transverse wound in the lateral aspect of the right shoulder and upper arm. The wound appeared to be healing with no signs of infection and there was no loss of muscle bulk or abnormal swelling in the right upper extremity. There was tenderness in the ulnar margin of the right wrist and lateral surface of the right elbow. All provocative testing signs were negative. Cervical and shoulder range of motion were decreased. Treatment plan included x-ray series of the right wrist 3 views and x-ray series of the right elbow 3 views (performed in the office at the visit). Right wrist x-ray showed no suggestion of wrist fracture and x-ray of the right elbow demonstrated no evidence of acute injury. Other treatment plans included continue local wound care for the right shoulder, physical therapy 2 times a week for 3 weeks for neck, right shoulder and lumbar spine, Motrin, Norco, urine drug screen and follow up. Current work status was restricted from any forceful strength activities using the right arm. If modified duties could not be accommodated then the injured worker would be considered temporarily disabled. The treatment request was for Norco 10/325 mg # 40, right elbow x-ray with 3 views, right wrist

x-ray with 3 views and urine toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 181, 212.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Medications for chronic pain Page(s): 76-78, 88-89, 60.

Decision rationale: The patient presents with pain the cervical spine radiating into the right shoulder and down the right arm. The patient also describes pain in the right wrist and hand, along with the lumbar spine. The request is for Norco 10/325 #40. The provided RFA is dated 06/08/15 and the patient's date of injury is 05/22/15. The diagnosis includes right shoulder penetrating soft tissue injury, right wrist and elbow strain with shoulder contusion, cervical and lumbar strain. Per 06/08/15 report, physical examination revealed tenderness to palpation in the ulnar margin of the right wrist and lateral surface of the right elbow. The wound appeared to be healing with no signs of infection and there was no loss of muscle bulk or abnormal swelling in the right upper extremity. Medications include Ibuprofen and Norco. The patient is temporarily totally disabled, as his employer is unable to accommodate his work restrictions. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." It appears Norco is being initiated per 06/08/15 report. The treater did not provide a rationale. The use of opiates requires detailed documentation regarding pain and function and MTUS also requires appropriate discussion of the 4A's. Additionally, MTUS states, "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." In this case, there is no documentation of the patient failing first-line pain medication. The treater has failed to discuss a pain assessment profile. There is no discussion of analgesia in terms of a pain scale or possible potential benefits and adverse effects. Due to the lack of documentation, the request cannot be warranted and is not medically necessary.

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to Avoid Misuse/Addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) Pain chapter, Urine drug screen.

Decision rationale: The patient presents with pain the cervical spine radiating into the right shoulder and down the right arm. The patient also describes pain in the right wrist and hand, along with the lumbar spine. The request is for urine toxicology. The provided RFA is dated 06/08/15 and the patient's date of injury is 05/22/15. The diagnosis includes right shoulder penetrating soft tissue injury, right wrist and elbow strain with shoulder contusion, cervical and lumbar strain. Per 06/08/15 report, physical examination revealed tenderness to palpation in the ulnar margin of the right wrist and lateral surface of the right elbow. The wound appeared to be healing with no signs of infection and there was no loss of muscle bulk or abnormal swelling in the right upper extremity. Medications include Ibuprofen and Norco. The patient is temporarily totally disabled, as his employer unable to accommodate his work restrictions. MTUS p77, under opioid management: "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at moderate risk for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at high risk of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, the urine drug screen was completed and sent out for confirmatory testing on the same visit in which the opiate was initiated. It does not appear as though the urine drug screen was appropriate at the time it was obtained. Per MTUS, testing should be done within six months of initiation of therapy. In addition, MTUS states, "confirmatory testing should be for the questioned drugs only, if required." Provided medical records do not show the patient was previously prescribed opiates and there is no discussion of the patient being at risk for any aberrant behaviors. The requested urine drug screen is not medically necessary.

Right wrist x-ray with 3 views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand chapter, Radiography.

Decision rationale: The patient presents with pain the cervical spine radiating into the right shoulder and down the right arm. The patient also describes pain in the right wrist and hand, along with the lumbar spine. The request is for an X-ray of the right wrist. The provided RFA is dated 06/08/15 and the patient's date of injury is 05/22/15. The diagnosis includes right shoulder penetrating soft tissue injury, right wrist and elbow strain with shoulder contusion, cervical and lumbar strain. Per 06/08/15 report, physical examination revealed tenderness to palpation in the ulnar margin of the right wrist and lateral surface of the right elbow. The wound appeared to be healing with no signs of infection and there was no loss of muscle bulk or abnormal swelling in the right upper extremity. Medications include Ibuprofen and Norco. The patient is temporarily totally disabled, as his employer unable to accommodate his work restrictions. ACOEM Guidelines Chapter 11 on Forearm, Wrist and Hand Complaints page 268 on x-rays of the wrist and hand states, "For most patients presenting with true hand and wrist problems, special studies

are not needed until after 4 to 6 weeks period of conservative care and observation. Most patients improved quickly provided red flag conditions are ruled out." Regarding wrist/hand X-ray, ACOEM guidelines state indications for x-ray are as follow: 1. tenderness of the snuff box - radial-dorsal wrist, 2. An acute injury to the metacarpophalangeal joint of the thumb, 3. peripheral nerve impingement, and 4. Recurrence of a symptomatic ganglion that has been previously aspirated or a trigger finger that has been previously treated with local injections." ODG guidelines, chapter 'Forearm, Wrist & Hand (Acute & Chronic)' and topic 'Radiography', recommend x-rays to "For most patients with known or suspected trauma of the hand, wrist, or both, the conventional radiographic survey provides adequate diagnostic information and guidance to the surgeon." In regard to the request for what appears to be this patient's first X-ray of the right elbow, the patient does not meet guideline criteria. It is noted in the 06/08/15 progress note that the X-ray was completed at the time of the initial office visit. Evidence-based guidelines state, "special studies are not needed until after 4 to 6 weeks period of conservative care and observation." There is no documentation provided of the patient completing any conservative therapies prior to the X-ray. Therefore, the request is not medically necessary.

Right elbow x-ray with 3 views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33, 42.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow chapter, Radiography.

Decision rationale: The patient presents with pain in the cervical spine radiating into the right shoulder and down the right arm. The patient also describes pain in the right wrist and hand, along with the lumbar spine. The request is for an X-ray of the right elbow. The provided RFA is dated 06/08/15 and the patient's date of injury is 05/22/15. The diagnosis includes right shoulder penetrating soft tissue injury, right wrist and elbow strain with shoulder contusion, cervical and lumbar strain. Per 06/08/15 report, physical examination revealed tenderness to palpation in the ulnar margin of the right wrist and lateral surface of the right elbow. The wound appeared to be healing with no signs of infection and there was no loss of muscle bulk or abnormal swelling in the right upper extremity. Medications include Ibuprofen and Norco. The patient is temporarily totally disabled, as his employer is unable to accommodate his work restrictions. The ACOEM Guidelines Chapter 11 on Forearm, Wrist and Hand Complaints page 268 on x-rays of the wrist and hand states, "For most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6 weeks period of conservative care and observation. Most patients improved quickly provided red flag conditions are ruled out." Regarding wrist/hand X-ray, ACOEM guidelines state indications for x-ray are as follow: 1. tenderness of the snuff box - radial-dorsal wrist, 2. An acute injury to the metacarpophalangeal joint of the thumb, 3. peripheral nerve impingement, and 4. Recurrence of a symptomatic ganglion that has been previously aspirated or a trigger finger that has been previously treated with local injections. ODG Elbow chapter, under Radiography has the following: "Recommended as indicated below. Radiographs are required before other imaging studies and may be diagnostic for osteochondral fracture, osteochondritis dissecans, and osteocartilaginous intra-articular body. (ACR, 2001) Those patients with normal extension, flexion and supination do not require emergent elbow radiographs." In regard to the request for what appears to be this patient's first X-ray of the right elbow, the patient does not meet guideline criteria. It is noted in the 06/08/15 progress note that the X-ray was completed at the time of the initial office visit. Evidence-based guidelines state, "special studies are not needed until after 4 to 6 weeks period of conservative

care and observation." There is no documentation provided of the patient completing any conservative therapies prior to the X-ray. Furthermore, without examination findings indicative of a loss of range of motion, suspicion of fracture, or other red flags, such imaging cannot be substantiated. Therefore, the request is not medically necessary.