

Case Number:	CM15-0121336		
Date Assigned:	07/02/2015	Date of Injury:	12/30/2009
Decision Date:	09/22/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/23/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 48 year old male, who sustained an industrial injury on 12/30/2009. Diagnoses include carpal tunnel syndrome wrist (median nerve), right wrist status post carpal tunnel release, cervical intervertebral disorder with myelopathy, lumbar intervertebral disorder with myelopathy and rotator cuff syndrome shoulder. Treatment to date has included surgical intervention (left carpal tunnel release, 5/2013), and conservative care including medications, bracing, physical therapy and injections. Per the Treating Physician's Comprehensive Pain Management Consultation and Report dated 5/22/2015, the injured worker reported bilateral anterior and posterior hand, bilateral lumbar, bilateral sacroiliac, sacral, left anterior shoulder, left cervical dorsal, left posterior arm and shoulder, left mid thoracic, left buttock, left posterior leg, left posterior knee, left calf, left ankle, left foot, right buttock, right posterior leg, right posterior knee, right calf, right ankle right foot, right anterior leg, right anterior knee, right shin, right ankle, right foot, left anterior leg, left shin, left anterior knee, left ankle, and left foot pain. Physical examination revealed palpable tenderness at the left cervical, dorsal, upper thoracic, right cervical dorsal, cervical, lumbar, left sacroiliac, right sacroiliac, sacral, left anterior wrist and right anterior wrist. The plan of care included, and authorization was requested on 5/22/2015, for Norco 10/325mg, compound medication containing Flurbiprofen 20%/Baclofen 2%/Dexamethasone 2%/Menthol 2%/Camphor 2%/capsaicin 0.0375%/Hyaluronic acid 0.20% 180gm, physical therapy (2x3) to the cervical and lumbar spine, magnetic resonance imaging (MRI) of the left wrist and left shoulder, follow-up appointment(x2) and urine drug toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77, 80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Abuse Page(s): 74-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally: "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician." University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags "twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids- once during January-June and another July-December." The patient has been on chronic opioid therapy. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. As such, the request for U/A TEST FOR TOXICOLOGY is not medically necessary.

Follow Up Appointment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: MTUS is silent regarding visits to a specialist. ODG states: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established.

The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible." In this case, it is unclear what benefit the two requested follow up appointments will have and the diagnostic or treatment questions that will be answered. Therefore, the request is not medically necessary.

MRI of the left wrist and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and Hand, Magnetic Resonance Imaging.

Decision rationale: ACOEM states: "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Exceptions include the following: In cases of wrist injury, with snuff box (radial-dorsal wrist) tenderness, but minimal other findings, a scaphoid fracture may be present. Initial radiographic films may be obtained but may be negative in the presence of scaphoid fracture. A bone scan may diagnose a suspected scaphoid fracture with a very high degree of sensitivity, even if obtained within 48 to 72 hours following the injury." ODG states for a wrist MRI: "Indications for imaging, Magnetic resonance imaging (MRI): Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury); Chronic wrist pain, plain films normal, suspect soft tissue tumor; Chronic wrist pain, plain film normal or equivocal, suspect Kienbock's disease; Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." The treating physician has provided no evidence of red flag diagnosis and has not met the above ODG and ACOEM criteria for an MRI Of the wrist. As such, the request for MRI RIGHT WRIST is not medically necessary and by extension, the entire request is not medically necessary.

Physical Therapy for the cervical and lumbar spine, twice a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

Decision rationale: ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate prior physical therapy sessions, but there is no information on the functional benefits for these sessions and what the plan is for home exercise or these additional sessions. Therefore, the request is not medically necessary.

Norco 10/325mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80; 91; 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back-Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Norco is not medically necessary.

Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic Acid 0.20% quantity 180gms: 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 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use

of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that the only FDA-approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. As such, the request is not medically necessary.