

<b>Case Number:</b>	CM15-0036530		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	04/01/2014
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 57-year-old female, who sustained an industrial injury on 4/1/14. On 2/26/15, the injured worker submitted an application for IMR for review of a pain management consultation, right index finger trigger point injection, ultrasound of right wrist, interferential unit, Prilosec 20mg #30, and Fexmid 7.5mg #30. The treating provider has reported the injured worker complained of low back pain and right index finger pain along with depression, stress, anxiety and difficulty sleeping. The diagnoses have included lumbar region sprain/strain; right trigger finger sprain. Treatment to date has included TENS unit, Chiropractic care (x 6 of which only four completed at the time of UR), and the only medication prescribed was Fexmid, there was no prior indication of opioids, NSAIDS or physical therapy attempted or failed. Diagnostics completed MRI lumbar spine (1/23/15). On 2/17/15 Utilization Review non-certified a pain management consultation, right index finger trigger point injection, ultrasound of right wrist, interferential unit, Prilosec 20mg #30, and Fexmid 7.5mg #30. The MTUS, ACOEM and ODG Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, page 56.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-32.

**Decision rationale:** Indications for referral to pain management include all of the following: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. The documentation provided did not note any of the indications for pain management referral. Therefore, the request is not medically necessary and appropriate.

**Right Index Finger Trigger Point Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand - Injection.

**Decision rationale:** According to the Official Disability Guidelines, injections are recommended for trigger finger. There is good evidence strongly supporting the use of local corticosteroid injections in the trigger finger. One or two injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger are almost always sufficient to cure symptoms and restore function. The treatment of trigger fingers with a local injection of steroids is a simple and safe procedure but the risk of recurrence in the first year is considerable. Steroid injection therapy should be the first-line treatment of trigger fingers in non-diabetic patients. In diabetics, the success rate of steroid injection is significantly lower. In addition to the IW's diabetes, the documentation failed to meet the definition of a trigger finger. There was no history of locking or clicking during finger movement or on examination, just painful movement and palpation. Therefore, the request is not medically necessary and appropriate.

**Ultrasound of the Right Wrist:** 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), Forearm, Wrist, and and Hand (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand - Ultrasound (diagnostic).

**Decision rationale:** According to the Official Disability Guidelines, wrist diagnostic ultrasound is recommended. Ultrasonography is a dynamic process and is accurate in detecting tendon injuries. The request states that the ultrasound is to rule out tears and internal derangement. However, the physical examination does not include any documentation of the wrist. Therefore, the request is not medically necessary and appropriate.

**Interferential Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 117-120.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines an inferential current stimulator (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Criteria for use of an ICS include pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment or unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). There was no documentation of the above conditions in the file. Therefore, the request is not medically necessary and appropriate.

**Prilosec 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** According Chronic Pain Medical Treatment Guidelines it is necessary to determine if the patient is at risk for gastrointestinal events. Risk factors are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A history of ulcer complications is the most important predictor of future ulcer

complications associated with NSAID use. There was no notation of GI symptoms or a history of risk factors. Therefore, the request is not medically necessary and appropriate.

**Fexmid 7.5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

**Decision rationale:** According Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as an option for muscle spasms using a short course of therapy. Treatment should be brief, no longer than 2-3 weeks. There is no clear evidence in the notes provided that the IW has benefit from the muscle relaxer and at this time frame, routine use of these medications is not indicated. Therefore, the request is not medically necessary and appropriate.