MAXIMUS Federal Services

Case Number:	CM15-0043621		
Date Assigned:	03/13/2015	Date of Injury:	07/10/2012
Decision Date:	04/22/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/09/2015

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: Pennsylvania
Certification(s)/Specialty: 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 54 year old female who sustained an industrial injury on 7/10/2012. The current diagnoses are cervical strain, right greater than left with intermittent radicular symptoms, cervicogenic headaches, right shoulder strain, and right carpal tunnel syndrome. Treatment and evaluation to date has included medications, physical therapy, chiropractic treatment, heat/ice, X-ray of the cervical spine, MRI of the cervical spine on 11/12/12, MRI of the right wrist on 9/23/13, and electrodiagnostic studies on 7/31/13. MRI of the cervical spine showed degenerative changes with mild canal stenosis and mild bilateral neural foraminal narrowing at C 4-5, mild loss of disc height and 3 mm left paracental protrusion. MRI of the right wrist showed flattening of the median nerve in the carpal tunnel, central perforation of the right TFCC near radial attachment, 3 mm ganglion cyst, tendonosis of right extensor carpi ulnaris tendon. Electro diagnostics showed moderate carpal tunnel syndrome on the right. Progress notes from August 2014 through January 2015 were submitted. Medications in August 2014 included naproxen and menthoderm. Medications in October 2014 included naproxen, menthoderm, and norco. Blood pressure measured on 10/21/14 was normal; no other blood pressure readings were submitted. According to the progress report dated 1/30/2015, the injured worker complains of neck pain, right worse than left; pain was noted to be continuing to increase. The pain radiates to the right shoulder and upper arm with occasional numbness in the right hand. Additionally, she reports swelling in the right wrist. The physician documented that Norco allowed her to better complete her activities of daily living (ADLs). Menthoderm cream was noted to help control pain and allow the injured worker to use less pain medication and improve ADLs. Current work

status was performing light duty with restrictions, with no change in the restrictions since August 2014.Examination showed altered sensation in the right hand, paracervical muscle spasm, positive Spurling's sign on the right, decreased range of motion of the cervical spine, tingling in the first four digits of the right hand with carpal tunnel compression, and negative Tinel's sign bilaterally. There was no change in the examination findings compared to prior examinations in 2014. MRI of the right wrist and cervical spine were requested due to persistent symptoms for the last few months despite medication regimen. On 2/27/15, Utilization Review (UR) non-certified requests for MRI of the right wrist, MRI of the cervical spine, Naproxen Sodium 550mg, Menthoderm topical cream (Methyl salicylate 15%/menthol 10%), and Norco 5/325mg #90, citing the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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, Forearm, Wrist, and Hand chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist, and hand chapter: MRI.

Decision rationale: The ACOEM states that for most patients with hand and wrist problems, special studies are not needed until after a four to six week period of conservative care and observation. MRI is relatively more able to identify infection. The ODG states that MRI may be useful in selected cases when there is a high clinical suspicion of a fracture despite normal radiographs. Additional indications for MRI include acute hand or wrist trauma with suspicion of thumb metacarpophalangeal ulnar collateral ligament injury, chronic wrist pain with normal radiographs and suspicion of soft tissue tumor, and chronic wrist pain with plain films normal or equivocal and suspicion of 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 injured worker had a prior MRI of the right wrist in September 2013. The documentation does not indicate any significant change in symptoms or findings suggestive of significant pathology. Examination findings were unchanged for 5 months. Due to lack of guideline recommendation for repeat MRI in the absence of significant change in symptoms or findings, the request for MRI of the right wrist is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and upper Back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 170-172, 177-179, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter: MRI.

Decision rationale: Per the MTUS/ACOEM, for most patients presenting with neck problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. Criteria for ordering imaging studies include emergence of a red flag, or physiologic evidence of tissue insult or neurologic dysfunction, and prior to an invasive procedure. Physiologic evidence may be in the form of neurologic findings on physical examination, electro diagnostic studies, laboratory tests, or bone scans. The ACOEM Guidelines 2nd Edition portion of the MTUS provides direction for performing imaging of the spine. Per the MTUS citation above, imaging studies are recommended for red flag conditions (tumor, infection, fracture, or dislocation), physiological evidence of neurological dysfunction, and prior to an invasive procedure. Physiologic evidence may be in the form of neurologic findings on physical examination, electro diagnostic studies, laboratory tests, or bone scans. The ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology, such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. A MRI of the cervical spine was performed in November 2012 with results as noted. This injured worker had no new physiologic findings, findings suggestive of significant pathology or indications for an invasive procedure. The treating physician has not documented any specific neurological deficits or other signs of significant pathology. The MRI is not medically necessary based on the recommendations in the MTUS and ODG.

Naproxen sodium 550mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): p. 67-73.

Decision rationale: Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. This injured worker had chronic neck, shoulder, and hand pain. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDS are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain; NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There

is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. Only one blood pressure reading was recorded, and no laboratory tests were discussed. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. The injured worker has been prescribed naproxen for at least 5 months without documentation of significant pain relief or functional improvement as a result of its use. Work restrictions are unchanged, there was no documentation of improvement in specific activities of daily living, and there was no decrease in medication use or frequency of office visits. Due to length of use in excess of the guidelines, lack of monitoring for toxicity, unstated quantity prescribed, and lack of functional improvement, the request for naproxen is not medically necessary.

Menthoderm topical cream (Methyl salicylate 15%/menthol 10%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines salicylate topicals p. 104 topical analgesics p.111-113 Page(s): p. 104, 111-113.

Decision rationale: Menthoderm contains methyl salicylate and menthol. Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no documentation of neuropathic pain or failure of antidepressant or anticonvulsant medication. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. The MTUS and ODG are silent with regard to menthol. It may be used for relief of dry, itchy skin. This agent carries warnings that it may cause serious burns. Topical salicylates are recommended for use for chronic pain and have been found to be significantly better than placebo in chronic pain. The site of application and directions for use were not provided. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Due to lack of guideline recommendation for menthol, one of the components in this compound, and lack of sufficiently specific prescription, the request for menthoderm is not medically necessary.

Norco 5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): p. 74-96.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific

functional goals, return to work, random drug testing, and opioid contract. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. Norco has been prescribed for at least four months. No opioid contract was discussed. There is no evidence of significant pain relief or increased function from use of norco. Work restrictions are unchanged, there was no documentation of improvement in specific activities of daily living, and there was no decrease in medication use or frequency of office visits. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain, and at the visit in January 2015, pain was noted to be increasing. Change in specific activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary necessary.