

Case Number:	CM15-0094140		
Date Assigned:	05/20/2015	Date of Injury:	06/30/2010
Decision Date:	07/02/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/15/2015

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 40-year-old female, who sustained an industrial injury on 06/30/2010. She has reported injury to the neck, bilateral shoulders, and bilateral wrists. The diagnoses have included cervical sprain; carpal tunnel release; and muscle, ligament, and fascia disorder, not otherwise specified. Treatment to date has included medications, diagnostics, acupuncture, and surgical intervention. Medications have included Norco, Ketoprofen, Omeprazole, Capsaicin cream, Orphenadrine, and Ambien. A progress note from the treating physician, dated 04/09/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of worsening of symptoms since last exam; left wrist pain has worsened; and she has had some acupuncture treatment. Objective findings included cervical spine paravertebral muscles are tender and spasm is present; sensation is reduced in the bilateral median nerve distribution; range of motion is restricted; well-healed scar over the left wrist; the bilateral trapezius muscles of the bilateral shoulders are tender to palpation; effusion is noted about the left wrist; right wrist has well-healing scar; and the right wrist is tender to palpation with positive Tinel's and Phalen's testing bilaterally. The treatment plan has included the request for MRI of the right wrist; Ketoprofen 75mg #30 x 2 refills; Orphenadrine 100mg #60; and Omeprazole 20mg #30.

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Forearm, Wrist, & Hand (Acute & Chronic) chapter, MRIs (magnetic resonance imaging).

Decision rationale: The patient presents with pain in the cervical spine, bilateral shoulders, bilateral elbows and bilateral wrists. The request is for MRI of the right wrist. Patient is status post bilateral carpal tunnel release surgery, date unspecified. Physical examination to the cervical spine on 04/09/15 revealed spasm and tenderness to palpation over the paravertebral muscles. Sensation was reduced in bilateral median nerve distribution and range of motion was restricted. Physical examination to bilateral shoulders revealed tenderness to palpation to the bilateral trapezius muscles. The right wrist was tender to palpation; effusion was noted. Phalen and Tinel tests were positive bilaterally. Patient's treatments have included physical therapy, acupuncture and medication. Per 02/05/15 progress report, patient's diagnosis includes cervical strain, long-term (current) use of non-steroidal anti-inflammatories, adverse effects of local anti-infectives and anti-inflammatory drugs in therapeutic use, and gastroduodenal disorder not otherwise specified. Patient's medications, per 04/09/15 progress report include Capsaicin 0.025% Cream, Hydrocodone, Ketoprofen, Omeprazole, Orphenadrine, and Zolpiderm. Per 04/09/15 progress report, patient can return to regular work. ODG Guidelines, Forearm, Wrist, & Hand (Acute & Chronic) chapter, MRIs (magnetic resonance imaging) Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities; 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. (Mays, 2008) Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The treater has not discussed this request. The patient is status post bilateral carpal tunnel release surgery, date unspecified. Physical examination to the right wrist on 04/09/15 revealed tenderness to palpation; effusion was also noted. ODG Guidelines recommend magnetic resonance imaging when there is suspicion of soft tissue tumor or Kienbock's disease. In this case, the treater does not mention any acute trauma, and there is no suspicion for carpal bone fracture, thumb ligament injury, soft tissue tumor, or Kienbock's disease to warrant an MRI of the hands/wrists. Therefore, it is not medically necessary.

Ketoprofen 75mg #30 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs page(s): 67-68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Topical analgesic page(s): 111-113.

Decision rationale: The patient presents with pain in the cervical spine, bilateral shoulders, bilateral elbows and bilateral wrists. The request is for Ketoprofen 75 mg #30 x 2 refills. Patient is status post bilateral carpal tunnel release surgery, date unspecified. Physical examination to the cervical spine on 04/09/15 revealed spasm and tenderness to palpation over the paravertebral muscles. Sensation was reduced in bilateral median nerve distribution and range of motion was restricted. Physical examination to bilateral shoulders revealed tenderness to palpation to the bilateral trapezius muscles. The right wrist was tender to palpation; effusion was noted. Phalen and Tinel tests were positive bilaterally. Patient's treatments have included physical therapy, acupuncture and medication. Per 02/05/15 progress report, patient's diagnosis include cervical strain, long-term (current) use of non-steroidal anti-inflammatories, adverse effects of local anti-infectives and anti-inflammatory drugs in therapeutic use, and gastroduodenal disorder not otherwise specified. Patient's medications, per 04/09/15 progress report include Capsaicin 0.025% Cream, Hydrocodone, Ketoprofen, Omeprazole, Orphenadrine, and Zolpiderm. Per 04/09/15 progress report, patient can return to regular work. The MTUS guidelines, page 111, do not support the use of topical NSAIDs such as Ketoprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. The treater does not discuss this request. Patient received prescriptions for Ketoprofen from 11/13/14 and 04/09/15. In this case, the treater has not discussed how this medication decreases pain and significantly improves patient's activities of daily living. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Furthermore, there is no diagnosis of peripheral joint arthritis and tendinitis for which the cream is recommended. Therefore, the request is not medically necessary.

Orphenadrine 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Muscle relaxants for pain page(s): 63, 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Muscle relaxants (for pain) page(s): 63-66.

Decision rationale: The patient presents with pain in the cervical spine, bilateral shoulders, bilateral elbows and bilateral wrists. The request is for Orphenadrine 100 mg #60. Patient is status post bilateral carpal tunnel release surgery, date unspecified. Physical examination to the cervical spine on 04/09/15 revealed spasm and tenderness to palpation over the paravertebral muscles. Sensation was reduced in bilateral median nerve distribution and range of motion was restricted. Physical examination to bilateral shoulders revealed tenderness to palpation to the bilateral trapezius muscles. The right wrist was tender to palpation; effusion was noted. Phalen and Tinel tests were positive bilaterally. Patient's treatments have included physical therapy, acupuncture and medication. Per 02/05/15 progress report, patient's diagnosis include cervical strain, long-term (current) use of non-steroidal anti-inflammatories, adverse effects of local anti-infectives and anti-inflammatory drugs in therapeutic use, and gastroduodenal disorder not otherwise specified. Patient's medications, per 04/09/15 progress report include Capsaicin

0.025% Cream, Hydrocodone, Ketoprofen, Omeprazole, Orphenadrine, and Zolpiderm. Per 04/09/15 progress report, patient can return to regular work. MTUS page 63, Muscle relaxants (for pain) states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. MTUS Guidelines do not recommend long-term use of muscle relaxants and recommend using it for 3 to 4 days for acute spasm in no more than 2 to 3 weeks. Treater has not provided a reason for the request. Patient has been prescribed Orphenadrine from 11/13/14 and 04/09/15. MTUS Guidelines do not recommend use of muscle relaxants for longer than 2 to 3 weeks, and the requested 60 tablets does not imply short duration therapy. Therefore, the request is not medically necessary.

Omeprazole 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk page(s): 69.

Decision rationale: The patient presents with pain in the cervical spine, bilateral shoulders, bilateral elbows and bilateral wrists. The request is for Omeprazole 20 mg #30. Patient is status post bilateral carpal tunnel release surgery, date unspecified. Physical examination to the cervical spine on 04/09/15 revealed spasm and tenderness to palpation over the paravertebral muscles. Sensation was reduced in bilateral median nerve distribution and range of motion was restricted. Physical examination to bilateral shoulders revealed tenderness to palpation to the bilateral trapezius muscles. The right wrist was tender to palpation; effusion was noted. Phalen and Tinel tests were positive bilaterally. Patient's treatments have included physical therapy, acupuncture and medication. Per 02/05/15 progress report, patient's diagnosis includes cervical strain, long-term (current) use of non-steroidal anti-inflammatories, adverse effects of local anti-infectives and anti-inflammatory drugs in therapeutic use, and gastroduodenal disorder not otherwise specified. Patient's medications, per 04/09/15 progress report include Capsaicin 0.025% Cream, Hydrocodone, Ketoprofen, Omeprazole, Orphenadrine, and Zolpiderm. Per 04/09/15 progress report, patient can return to regular work. MTUS pg 69 states, "clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In progress report dated 11/13/14, treater states that the Omeprazole helps the patient with gastritis. Patient's diagnosis includes gastroduodenal disorder and has been prescribed Omeprazole from 11/13/14 and 04/09/15. MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present. MTUS also allows the use of PPI for dyspepsia secondary to NSAID therapy. Given the patient's GI symptoms, the request is reasonable and therefore, it is medically necessary.