

## Independent Medical Review Final Determination Letter

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Dated: 12/27/2013

<b>IMR Case Number:</b>	CM13-0016941	<b>Date of Injury:</b>	07/23/2003
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	08/27/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED] MD		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a female with a date of injury of July 23, 2003. A utilization review report dated August 13, 2013 recommends non-certification of Norco, Medrox patches, comprehensive metabolic panel, CBC, urinalysis, and EMG of upper extremities. A progress report dated July 25, 2013 includes subjective complaints stating, "the patient has last worked around Christmas of 2012, doing some daycare. The patient coverages for both elbows, wrists, and hands. She has had in the past C6-C7 radiculopathy noted, for which repeat EMG's have not been done, the latter on the left side. The patient has gained weight maybe 30 pounds since the injury and now she weighs 155 pounds. She has no income at this point. She has no access to Social Security disability. Rest has not helped in the sense that she cannot do her job. She is independent with chores and she does her chores gingerly avoiding any lifting over 20 pounds on occasional basis be on the right or the left. She has access to hot and cold wrap for the elbow and one for the wrist. She has access to soft and rigid brace bilaterally, elbow sleeves on the right and left, as well as tens unit. She is using medication and has refill usually of the Soma and wants to increase it which I told her is not going to happen and especially at this time dendracin and Medrox had been helping her with reducing pain and increasing her activities of daily living." Objective examination findings identify "tenderness along the A1 pulley of the long and ring finger on the right side is noted. The gross triggering is not noted. Scar from the carpal tunnel surgery on the right and A1 pulley of the thumb on the right is noted...the scar along the medial lateral epicondylar releases bilaterally is noted as well. Tenderness along the lateral epicondyle is noted especially on the left side." Diagnoses include chronic elbow and forearm pain on the right and left status post medial and lateral epicondylar releases bilaterally, carpal tunnel syndrome on the right status post decompression, stenosing tenosynovitis of the A1 pulley on the right status post release of the thumb, stenosing tenosynovitis along the A1 pulley of the long and ring finger, treated with observation. Treatment plan states "the patient is having at

this time increasing numbness and tingling and discomfort along the upper extremities and needs repeat EMG of the upper extremities at this time. In the interim, Tinel's are noted on the wrist on the right side and there is concern that the patient is developing any recurrence of nerve entrapment." The treatment plan goes on to recommend Norco 120 tablets, Soma 90 tablets, Neurontin 90 tablets. The note goes on to state "the patient has not had any liver and kidney tests over the last year. I request perspective authorization for comprehensive metabolic panel, CBC, and UA. I will suggest on return she has prospective authorization for the same medication including Neurontin as I stated 600 mg, 90 tablets because of relief in chronic pain as per MTUS guideline. The dendracin cream has been very helpful in improving activities of daily living. Revised ACOEM guideline of February 2009 recognize the improvement from aspirin cream therefore authorize the dendracin cream at this time and she has had relief from Medrox patches as well, authorized 15 patches on return. Kindly authorize at this time EMGs of the upper extremities to look for progression of disease." A progress report dated June 26, 2013 identifies physical examination findings stating, "she has tenderness along the lateral Epicondyle of the left elbow with bony protrusion. No skin breakage. Bilateral elbow extension is 0° and flexion is 120°. Tenderness along the wrist with extension is 20° and flexion is 30°." A progress report dated May 29, 2013 includes subjective complaint stating, "she uses the dendracin cream which is very helpful and she is taking the Norco and Soma which is also helpful." A progress report dated January 14, 2013 identifies the subjective complaints stating, "she says that it is 10/10 and she would need to take the Norco and the pain would go down to 7 – 8/10, but often times after 3 to 4 hours the pain has progressed back up to 10/10 and she needs to take another Norco and she will frequently need 4 Norco tablets per day. On the weekends when she is not working, she may not need as many as 4 Norco but definitely during the day in order to stay functional. She needs to take it pretty regularly." The note goes on to state "she will also has some muscle spasms in her back, for which she is taking Soma 2 times a day and it is neither causing any sedation and grogginess and is helping her to stay functional and continues to work at the daycare. She also has some neuropathic pain as well or tingling and numbness and she has been taking dendracin lotion that helps with topical pain which is very helpful, but she has also been taking gabapentin in the past for neuropathic pain and has been very helpful as well. She also has taken Naproxen in the past and Motrin as non-opioid medications, which is not really as helpful as the Norco." Past medical history states "hypertension, but no diabetes."

### **IMR DECISION(S) AND RATIONALE(S)**

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

#### **1. 1 prescription of Norco #120 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Criteria for the use of Opioids, pages 76-79, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Regarding the request for Norco, Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is

recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no recent documentation of analgesic effect, objective functional improvement, discussion regarding side effects, or evaluation for aberrant use. In the absence of such documentation, the currently requested Norco, is not medically necessary. **The request for 1 prescription of Norco #120 is not medically necessary and appropriate.**

**2. 1 prescription of Medrox patches #15 is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 111-113, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Regarding the request for Medrox, MTUS Chronic Pain guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. A search of the Internet identifies that Terocin contains methyl salicylate, capsaicin, and menthol. Guidelines state that topical NSAIDs are recommended for short-term use only. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Guidelines state that topical capsaicin is recommended only as an option in patients who have not responded to, or are intolerant to, other treatments. Guidelines do not contain criteria for the use of topical menthol. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Additionally, there is no documentation indicating that the topical NSAIDs will be used for short short-term use only, as recommended by guidelines. There is no documentation indicating that the patient has not responded to, or is intolerant of, other treatments prior to initiating capsaicin, as recommended by guidelines. Additionally, there is no recent specific documentation regarding analgesic benefit or objective functional improvement from the Medrox. Therefore, since numerous constituents of the compounded medication are not supported by guidelines with the documentation provided, the currently requested Medrox is not medically indicated. **The request for 1 prescription of Medrox patches #15 is not medically necessary and appropriate.**

**3. 1 comprehensive metabolic panel is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 18-19, 21, 29, and 91, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Regarding the request for comprehensive metabolic panel, California MTUS and ODG do not contain criteria regarding the general use of lab work such as comprehensive metabolic panel. They do, however, recommend the use of lab work when patients are being prescribed medications for which routine labs are required (i.e. carbamazepine, see above). Within the documentation available for review, it appears the patient is

currently using Norco, Soma, gabapentin, and topical agents. MTUS Chronic Pain guidelines do not recommend the use of lab work for monitoring any of those medications. Additionally, the requesting physician has not identified any other indications for ordering a comprehensive metabolic panel. There is no indication that the patient has an industrially related injury for which routine lab work would be indicated. In the absence of clarity regarding those issues, the currently requested comprehensive metabolic panel is not medically indicated. **The request for 1 comprehensive metabolic panel is not medically necessary and appropriate.**

#### **4. 1 CBC Lab is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 18-19, 21, 29, and 91, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Regarding the request for complete blood count (CBC), California MTUS and ODG do not contain criteria regarding the general use of lab work such as CBC. They do, however, recommend the use of lab work when patients are being prescribed medications for which routine labs are required (i.e. carbamazepine, see above). Within the documentation available for review, it appears the patient is currently using Norco, Soma, gabapentin, and topical agents. California MTUS guidelines do not recommend the use of lab work for monitoring any of those medications. Additionally, the requesting physician has not identified any other indications for ordering a CBC. There is no indication that the patient has an industrially related injury or illness for which routine lab work would be indicated. In the absence of clarity regarding those issues, the currently requested CBC is not medically indicated. **The request for 1 CBC Lab is not medically necessary and appropriate.**

#### **5. 1 urine analysis is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 18-19, 21, 29, and 91, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Regarding the request for urinalysis (UA), California MTUS and ODG do not contain criteria regarding the general use of lab work such as urinalysis. They do, however, recommend the use of lab work when patients are being prescribed medications for which routine labs are required (i.e. carbamazepine, see above). Within the documentation available for review, it appears the patient is currently using Norco, Soma, gabapentin, and topical agents. California MTUS guidelines do not recommend the use of lab work for monitoring any of those medications. Additionally, the requesting physician has not identified any other indications for ordering a urinalysis. There is no indication that the patient has an industrially related injury or illness for which routine lab work would be indicated. In the absence of clarity regarding those issues, the currently requested urinalysis is not medically indicated. **The request for 1 urine analysis is not medically necessary and appropriate.**

## **6. 1 EMG of the upper extremities is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Elbow Disorders Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (Revised 2007), Chapter 10) page 33, and Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 11) page 261, which are part of the MTUS

The Physician Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 8), Table 8-8, page 182, which is part of the MTUS, and the Official Disability Guidelines (ODG), Neck Chapter, Electrodiagnostic studies, Nerve Conduction Studies, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

Regarding the request for EMG of bilateral upper extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, there is no recent thorough neurologic examination of the patient's upper extremities in an attempt to identify any subtle focal neurologic dysfunction or specific nerve compromise. Additionally, it is unclear when the previous electrodiagnostic studies were performed and how the patient's symptoms/findings have changed since that time. In the absence of clarity regarding those issues, the currently requested EMG of bilateral upper extremities is not medically indicated. **The request for 1 EMG of the upper extremities is not medically necessary and appropriate.**

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[REDACTED]

CM13-0016941