
Notice of Independent Medical Review Determination

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision:

8/16/2013

Date of Injury:

8/30/2012

IMR Application Received:

8/28/2013

MAXIMUS Case Number:

CM13-0017889

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy baseline functional capacity evaluation left wrist **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for laboratory test DNA testing to assess patient's predisposition to narcotic addiction/dependence **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for topical hot capsaicin ointment transdermally to the affected areas tid PRN for pain **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Narcotic Nucynta 75mg 1 po q 12 hr PRN severe pain quantity 30 **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/28/2013 disputing the Utilization Review Denial dated 8/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy baseline functional capacity evaluation left wrist **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for laboratory test DNA testing to assess patient's predisposition to narcotic addiction/dependence **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for topical hot capsaicin ointment transdermally to the affected areas tid PRN for pain **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Narcotic Nucynta 75mg 1 po q 12 hr PRN severe pain quantity 30 **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent medical doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The applicant is a [REDACTED] who has filed a claim for chronic left wrist pain reportedly associated with an industrial injury of August 30, 2012.

Thus far, the applicant has been treated with the following: Analgesic medications; MRI imaging of the injured wrist, apparently notable for internal derangement of the same; attorney representation; consultation with an orthopedic hand surgeon, who apparently recommended a wrist arthroscopy, which took place on August 1, 2013; and the apparent imposition of work restrictions. It does not appear that the applicant's limitations have been accommodated by the employer, however. The applicant's care has apparently been complicated by comorbid diabetes, hypertension, dyslipidemia, depression, and weight gain.

In a utilization review report of August 16, 2013, the claims administrator denied a request for baseline functional capacity evaluation about the left wrist, DNA testing,

topical capsaicin, and oral Nucynta. The applicant subsequently appealed, on August 23, 2013.

An earlier clinical progress note of August 7, 2013 is notable for the comments that the applicant's postoperative pain is adequately controlled with prescribed analgesic. He is using Nucynta given to him by his primary treating physician. The applicant is six days status post wrist arthroscopy. He undergoes a dressing change. He is neurovascularly intact. He is asked to continue a splint and wound care. Work restrictions are endorsed. In an earlier progress note of July 20, 2013, it was stated that ibuprofen was ineffective in managing the applicant's pain. Ultracet was also not effective. Norco caused upset stomach and sedation. Tylenol No. 3 was not effective. For that reason, apparently Nucynta was endorsed.

Documents Reviewed for Determination:

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

- [REDACTED]

1) Regarding the request for physical therapy baseline functional capacity evaluation left wrist:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, pg 137-138, which is not a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 125, which is a part of MTUS, and the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 2nd Edition (2004), 137-138, which is not a part of MTUS.

Rationale for the Decision:

While the MTUS Chronic Pain Medical Treatment Guidelines do not address all indications for an FCE, they do state, on page 125, that an FCE can be performed as a precursor to admission to a work hardening program. In this case, however, the employee was, as of the date of the request, a few weeks removed from the date of surgery. The employee was not a candidate for a work hardening program. It is further noted that the ACOEM guidelines in chapter 7 deem FCEs inherently unreliable, overly used, widely promoted, and not necessarily an accurate characterization or depiction of what an employee can and cannot do in a workplace. In this case, a baseline functional capacity evaluation would be of little use, given the fact that the employee was, as of the date of request, a mere few days removed from the date of surgery. **The request**

for physical therapy baseline functional capacity evaluation left wrist is not medically necessary and appropriate.

- 2) **Regarding the request for** laboratory test DNA testing to assess patient's predisposition to narcotic addiction/dependence:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the CA MTUS (2009) and Official Disability Guidelines (ODG), which is not a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009) pg. 42, which is a part of MTUS.

Rationale for the Decision:

As noted on page 42 of the MTUS Chronic Pain Medical Treatment Guidelines, there is no evidence to support DNA testing to assess the employee's predisposition toward development of chronic pain or toward development of narcotic dependence. **The request for** laboratory test DNA testing to assess patient's predisposition to narcotic addiction/dependence **is not medically necessary and appropriate.**

- 3) **Regarding the request for** topical hot capsaicin ointment transdermally to the affected areas tid PRN for pain:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the CA MTUS (2009) Chronic Pain Medical Treatment Guidelines, pp. 111-113.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pp. 28, which is a part of MTUS.

Rationale for the Decision:

As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is recommended only as an option in applicants who have not responded to and/or are intolerant to other treatments. In this case, the employee was described as having issues tolerating Ultracet, Norco, Tylenol No. 3, etc. Thus, temporary usage of topical capsaicin was indicated. **The request for** topical hot capsaicin ointment transdermally to the affected areas tid PRN for pain **is medically necessary and appropriate.**

4) Regarding the request for Narcotic Nucynta 75mg 1 po q 12 hr PRN severe pain quantity 30:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), 7th Edition, (2009), Pain Chapter.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Pain, Tapentadol, which is not a part of MTUS.

Rationale for the Decision:

The MTUS does not specifically address the question of Nucynta usage. As noted in the ODG chronic pain chapter tapentadol topic, Nucynta is indicated as a second-line therapy in those applicants who develop intolerance to adverse effects to other opioids. In this case, the employee was clearly described on an earlier office visit of July 20, 2013 as having had issues with intolerance to and/or ineffectiveness of numerous other opioids, including Ultracet, Norco, Tylenol No. 3, etc. On the first postoperative visit, the employee was described as tolerating Nucynta appropriate and deriving appropriate analgesia from the same.

Therefore, the original utilization review decision is overturned. **The request for Narcotic Nucynta 75mg 1 po q 12 hr PRN severe pain quantity 30 is medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/sce

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.