MAXIMUS Federal Services

Case Number:	CM15-0122642		
Date Assigned:	06/29/2015	Date of Injury:	04/03/2013
Decision Date:	10/02/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/25/2015

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: Preventive Medicine, Occupational 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 (IW) is a 50-year-old male who sustained an industrial injury on 04/03/2013. He reported right wrist pain. The injured worker was diagnosed as (s/p) right thumb/wrist crush injury, s/p right dorsal first web space laceration with primary closure, s/p right wrist/scaphoid fracture treated with splint/cast; s/p right chronic wrist pain radiocarpal; and s/p right median neuropathy, carpal tunnel; s/p right wrist arthroscopy and debridement synovectomy (04/01/2015). Treatment to date has included medications, surgery, and occupational therapy. Currently, the injured worker complains of right wrist pain in all directions, has improving range of motion in all of the five fingers, and has incomplete range of motion in the right thumb. Examination shows well healed surgical portals from the arthroscopic surgery. Grip strength is poor. He is neurovascularly intact. Medications include Tramadol, Voltaren, Lunesta, and Protonix. The treatment plan is for refills of Tramadol, Lunesta, and Protonix, and has aggressive active and passive range of motion, flexion and extension of the fingers, and very aggressive active and passive range of motion in all directions for the thumb. A request for authorization is made for the following: 1. Eszopiclone 1mg #30 with 1 refill; 2. Electrical pads for Tens Unit; 3. Tramadol ER 150mg #30 with one refill; 4. Additional occupational therapy; 5. EMG/NCV for the bilateral upper extremities including SSEO for the ulnar and median nerve; 6. Pantoprazole sodium 20mg #30 with 1 refill; and 7. DNA pharmacogenomics diagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 1mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Insomnia Treatment, Eszopiclone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia treatment.

Decision rationale: The Official Disability Guidelines do not recommend the long-term use of any class of sleep aid. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. The patient has been taking Eszopiclone longer than the maximum recommended time of 4 weeks. Eszopiclone 1mg #30 with 1 refill is not medically necessary.

Electrical pads for Tens Unit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is documentation that the patient meets the criteria necessary for replacement electrical pads. The patient has reported good functional improvement with the continued use of a TENS unit. I am reversing the previous utilization review decision. Electrical pads for Tens Unit are medically necessary.

Tramadol ER 150mg #30 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Tramadol, the patient

has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off narcotic. Tramadol ER 150mg #30 with one refill is not medically necessary.

Additional occupational therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. Additional occupational therapy is not medically necessary.

EMG/NCV for the bilateral upper extremities including SSEO for the ulnar and median nerve: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter, Electrodiagnostic Studies; Electromyography EMG); Nerve Conduction Studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: The Official Disability Guidelines do not recommended repeat electro diagnostic studies to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms based on radiculopathy. EMG/NCV for the bilateral upper extremities including SSEO for the ulnar and median nerve is not medically necessary.

Pantoprazole sodium 20mg #30 with 1 refill: 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 Page(s): 68.

Decision rationale: Protonix is a proton pump inhibitor. According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should 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. There is no documentation that the patient has any the risk factors needed to recommend a proton pump inhibitor. Pantoprazole sodium 20mg #30 with 1 refill is not medically necessary.

DNA pharmacogenomic diagnostic testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA testing for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42.

Decision rationale: There is currently no evidence-based, peer-reviewed guidelines recommending genetic testing to determine hereditary predisposition to the addiction of narcotics. There is currently no evidence-based guideline supporting that the knowledge of a patient's genetic propensity to addiction would change or guide the treatment in any way. A similar situation using cytokine DNA testing for pain is referenced in the MTUS Chronic Pain guidelines and is not recommended. DNA pharmacogenomic diagnostic testing is not medically necessary.