

<b>Case Number:</b>	CM13-0037784		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	06/26/2013
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 Orthopedic Surgery 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

Patient with date of injury 6/26/13 with report of bilateral carpal tunnel syndrome. Exam note from 10/15/13 demonstrates night pain. Positive Phalen's test bilaterally. Report of weakness in thumb APB. Report on 9/17/13 of trial of therapy and cortisone injections without benefit. Report of denial of carpal tunnel release in records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**occupational therapy (12 sessions): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section. Carpal tunnel syndrome should not result in extended time off work while undergoing multiple therapy visits, when other options (including surgery for carefully selected patients) could result in faster return to work. Furthermore, carpal tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery. Of course, these statements do not apply to cases of

failed surgery and/or misdiagnosis (e.g., CRPS (complex regional pain syndrome) I instead of CTS). Carpal tunnel syndrome (ICD9 354.0): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks. \*Postsurgical physical medicine treatment period: 3 months. As the guidelines state 8 visits maximum over 3-5 weeks, the determination for 12 visits is not medically necessary and non-certified.

**1 hot and cold wrap:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The California MTUS and the Official Disability Guidelines do not address purchase of cold therapy unit, cold therapy pad and cold therapy wrap; however regarding continuous cold therapy, the Official Disability Guidelines state, "Recommended as an option only in the postoperative setting, with regular assessment to avoid frostbite. Postoperative use generally should be no more than 7 days, including home use. A prospective randomized study was performed comparing the efficacy of a temperature-controlled cooling blanket (CCT) or a standard ice pack in the postoperative treatment of 72 patients with carpal tunnel syndrome. Patients who used CCT showed significantly greater reduction in pain, edema (wrist circumference), and narcotic use postop than did those using ice therapy. In this study the controlled cold therapy was only used for 3 days. Complications related to cryotherapy, including frostbite, are rare but can be devastating." As the carpal tunnel release is not medically necessary the determination is for non-certification for the hot and cold wrap.

**carpal tunnel brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265,266.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

**Decision rationale:** CA MTUS/ACOEM guidelines page 264 support the use of splinting for carpal tunnel syndrome in the nonoperative phase of treatment. The use of carpal tunnel brace postoperatively is non-certified in this case as the surgical procedure is non-certified.

**TENS unit (purchase):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Postoperative Pain Page(s): 116-117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines, regarding TENS, chronic pain (transcutaneous electrical nerve stimulation), "Not recommended 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, for the conditions described below. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary." There is insufficient evidence in the record to support the use of TENS unit for the clinical scenario above. There is no evidence of neuropathic pain to support use. Therefore the determination is for non-certification.

**Topamax 50mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic Drugs Page(s): 21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic Drugs.

**Decision rationale:** Topiramate (Topamax) is an antiepilepsy drug used for neuropathic pain. According to the CA MTUS Chronic Pain Medical Treatment Guidelines regarding antiepilepsy drugs, Recommended for neuropathic pain (pain due to nerve damage. (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007) There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006) The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. In this case there is insufficient evidence to support the use of Topamax as there is no evidence of neuropathic pain and the clinical scenario does not support the guideline recommendations as stated. Therefore the determination is for non-certification.

**Zofran 8mg #20 for nausea:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Online version, Anti-Emetics

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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of Ondansteron. Per ODG, Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated. The differential diagnosis includes gastroparesis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. (Moore 2005). There is no evidence in the records to support Zofran for the clinical indications above. Therefore the determination is for non-certification.

**Amoxicilin Clavulanate 875mg for post-op infection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Infectious Disease chapter, Amoxicilin Clavulanate

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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of Amoxicillin. Official Disability Guidelines state that amoxicillin clavulanate is recommended as first line treatment for bite wounds and other conditions. Request for Amoxicillin Clavulanate is denies as the surgical request is non-certified and there is no evidence of active infection in this particular patient. Therefore the determination is non-certification.

**anesthesia pain catheter:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.asra.com](http://www.asra.com). American Society of Regional Anesthesia and Pain Medicine, Pain Relief After Surgery

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The determination for the surgical procedure is non-certified; therefore the determination for anesthesia pain catheter is non-certified.

**sling purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 256-266.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The determination for the surgical procedure is non-certified; therefore the determination for sling is non-certified.

**cold therapy unit, rental (21 days):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome chapter, Online version, Continuous Cold Therapy (CCT).

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

**Decision rationale:** The California MTUS and the Official Disability Guidelines do not address purchase of cold therapy unit, however regarding continuous cold therapy, the Official Disability Guidelines state, "Recommended as an option only in the postoperative setting, with regular assessment to avoid frostbite. Postoperative use generally should be no more than 7 days, including home use. A prospective randomized study was performed comparing the efficacy of a temperature-controlled cooling blanket (CCT) or a standard ice pack in the postoperative treatment of 72 patients with carpal tunnel syndrome. Patients who used CCT showed significantly greater reduction in pain, edema (wrist circumference), and narcotic use postop than did those using ice therapy. In this study the controlled cold therapy was only used for 3 days. Complications related to cryotherapy, including frostbite, are rare but can be devastating." As the carpal tunnel release is not medically necessary the determination is for non-certification for the cold therapy unit.

**pre-operative clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter, Online version, Pre-operative Testing

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the determination is for non-certification for the surgical procedure the determination is for non-certification for the pre-operative clearance.

**left carpal tunnel surgery: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest postsurgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare. Positive EDS in asymptomatic individuals is not CTS. Studies have not shown portable nerve conduction devices to be effective diagnostic tools. Surgery will not relieve any symptoms from cervical radiculopathy (double crush syndrome). Likewise, diabetic patients with peripheral neuropathy cannot expect full recovery and total abatement of symptoms after nerve decompression. CTS may be treated for a similar period with a splint and medications before injection is considered, except in the case of severe CTS (thenar muscle atrophy and constant paresthesias in the median innervated digits). Outcomes from carpal tunnel surgery justify prompt referral for surgery in moderate to severe cases, though evidence suggests that there is rarely a need for emergent referral. Thus, surgery should usually be delayed until a definitive diagnosis of CTS is made by history, physical examination, and possibly electrodiagnostic studies. Symptomatic relief from a cortisone/anesthetic injection will facilitate the diagnosis; Based upon the records reviewed, there is no attached electrodiagnostic evidence of carpal tunnel syndrome. Therefore the determination is not medically necessary and non-certified.