

Case Number:	CM13-0041701		
Date Assigned:	12/20/2013	Date of Injury:	01/20/1993
Decision Date:	03/18/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/30/2013

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 Pain Management and is licensed to practice in California, District of Columbia, Florida and Maryland. 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:

The patient states that he injured his right hand and wrist along with other body parts on 1/20/93. He was in the lunch room when he slipped and fell. He tried to break the fall by using his right or left upper extremity to brace his entire body, but was unsuccessful. The patient reported the injury and was referred to the industrial clinic. X-rays were taken, medication was prescribed and he was taken off work for one week, after which time he resumed working light duty with restrictions for about two months. The patient has had a long-standing history of numbness and tingling and pain in both hands. The patient has had previous surgery, left carpal tunnel release and left ulnar nerve release. The patient continued to have numbness and pain in the right hand. He was seen by a hand surgeon who diagnosed him with right carpal tunnel syndrome and right cubital tunnel syndrome. On 5/30/12, the patient underwent an EMG and nerve conduction studies of the bilateral upper extremities and revealed subnormal findings of severe right cubital tunnel syndrome and mild bilateral carpal tunnel syndrome. Despite the attempts at conservative treatment as described above, the patient remains symptomatic with regard to his right upper extremity. The patient currently complains of the pain in the right wrist and hand which is described as sharp, throbbing and aching. There are complaints of numbness, tingling and weakness. The pain is aggravated by gripping, grasping, pushing or pulling by taking pain medication and decreasing his activities with the right upper extremity. The patient is currently awaiting a decision for a request that was made for surgery for right carpal tunnel release and right ulnar submuscular transposition. The most recent supplemental progress report dated 10/23/2013, from the primary treating physician stated that patient is diagnosed with discogenic disease of the cervical spine with bilateral upper extremity radiculitis. The patient is currently working. Our ultimate goal is to provide the patient with adequate conservative treatment to reduce his pain level while allowing the patient to continue working without impeding his work

performance. The patient meets the California MTUS and ACOEM Guidelines for this treatment. In regards to the Vicodin 7.5/12Smg. This medication is used for breakthrough pain and the patient does not take this medication while working. Our ultimate goal is to reduce the patient's medication strength or change it to a light prescription, i.e. Tramadol 50mg. I have explained the reasons for why I requested acupuncture treatment and the reason why he has been prescribed Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 7.5/325 mg, B6 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 264, Chronic Pain Treatment Guidelines Criteria for Use Page(s): 76-77, 82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC-Pain (Chronic)(updated 3/10/14)-Opioids for chronic pain and Vitamin B

Decision rationale: With respect to the request for Vicodin 7.5/325#60, this is not supported by the guidelines. The medical report states that the Vicodin was prescribed for break-thru pain, and to be used on as needed basis, with ultimate goal to discontinuation or switching to Tramadol, another opioid agonist. However the medical report provided for review did not document any acute pain or exacerbation to justify the continued use of opioids. The guidelines stated that Opioids should be discontinued if there is no overall improvement in function, and they should be continued if the patient has returned to work or has improved functioning and pain. If tapering is indicated, a gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms and consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Therefore the request for Vicodin 7.5/325mg #60 is not medically necessary.

Acupuncture 2x6 cervical: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): 8-9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC-Pain (Chronic) (Updated 3/10/14) Acupuncture.

Decision rationale: As per medical records reviewed, this patient is on oral analgesics (reportedly taking Percocet, SOMA, Tramadol, and uses Flector patches), with no documentation

of any medication intolerance. According to CA-MTUS, acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. There is no clear documentation of clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction in the dependency on continued medical treatment or medications. Therefore the request for acupuncture therapy is not medically necessary.