

Case Number:	CM13-0056373		
Date Assigned:	12/30/2013	Date of Injury:	09/21/2012
Decision Date:	09/05/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/22/2013

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. The expert 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 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 applicant is a represented [REDACTED] employee who has filed a claim for bilateral hand and wrist pain associated with cumulative trauma at work between the dates March 6, 2012 through September 12, 2012. Thus far, the applicant has been treated with analgesic medications; wrist braces; diagnoses of bilateral carpal tunnel syndrome, bilateral thumb osteoarthritis, a right wrist ganglion cyst, and bilateral wrist tenosynovitis; unspecified amounts of occupational therapy over the course of the claim; and extensive periods of time off of work, on total disability. On June 2, 2014, the applicant presented with bilateral hand and wrist pain with associated numbness, tingling, paresthesias about the digits. The applicant was apparently not working. The applicant was using nighttime braces. The applicant was on tramadol, Lodine, and Plaquenil. The applicant had electrodiagnostically confirmed carpal tunnel syndrome, based on electrodiagnostic testing performed in August and September 2012. The applicant also carried diagnoses of right and left thumb arthritis, right wrist dorsal ganglion cyst, and bilateral wrist tenosynovitis. Electrodiagnostic testing of the bilateral upper extremities was sought. The applicant was placed off of work, on total temporary disability. It was stated that the applicant had been evaluated by several rheumatologist and had no autoimmune disease type process identified. The applicant was also placed off of work, on total temporary disability, on earlier notes interspersed throughout the course of the claim, including on April 2, 2014 and on February 12, 2014. There was no mention of medication efficacy incorporated to any of the cited progress notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 OCCUPATIONAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE TREATMENT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 8, 99.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 8-10 sessions of treatment for neuralgia and neuritis of various body parts, the issue present here, this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including wrist bracing, analgesic and adjuvant medications such as tramadol, Lodine, Plaquenil, etc. All of the above, taken together, suggest a lack of functional improvement. Therefore, the request is not medically necessary.

EMG OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES, CHAPTER 11, FOREARM, WRIST, HAND COMPLAINTS (2007), 261.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 11, Forearm, Wrist, and Hand Complaints (2007), page 261.

Decision rationale: While the ACOEM Guidelines in Chapter 11 (2007) do support repetition of electrodiagnostic studies later in the course of treatment if symptoms persist, in this case, the applicant has had electrodiagnostic testing in August and September 2012 which did definitively established a diagnosis of bilateral carpal tunnel syndrome. It is unclear what role repeat testing would serve here, as earlier testing was already reported as positive. Therefore, the request is not medically necessary.

NCS OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES, CHAPTER 11, FOREARM, WRIST, HAND COMPLAINTS (2007), 261.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 11, Forearm, Wrist, and Hand Complaints (2007), page 261.

Decision rationale: While the ACOEM Guidelines in Chapter 11 (2007) do support repetition of electrodiagnostic studies later in the course of treatment if symptoms persist, in this case, the applicant has had electrodiagnostic testing in August and September 2012 which did definitively established a diagnosis of bilateral carpal tunnel syndrome. It is unclear what role repeat testing would serve here, as earlier testing was already reported as positive. Therefore, the request is not medically necessary.

PRESCRIPTION OF ULTRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM CHAPTER 11, FOREARM, WRIST AND HAND COMPLAINTS (2007), OPIOIDS, 271, 66-7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. There has been no clear discussion of any improvements in pain or function achieved as a result of ongoing Ultram usage. If anything, the attending provider has reported that the applicant remains limited and constrained in terms of hand functions. Continuing Ultram does not appear to be indicated. Therefore, the request is not medically necessary.

PRESCRIPTION OF ETODALAC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 7, 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Etodolac do represent the traditional first line of treatment for various chronic pain conditions, including the chronic bilateral wrist pain present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the fact that the applicant is off of work, on total temporary disability, continues to have significant pain complaints, and continues to remain dependent on wrist braces, taken together, imply that ongoing usage of etodolac has not been altogether successful in terms of the functional improvement parameters. Therefore, the request is not medically necessary.

PRESCRIPTION OF PLAQUENIL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Plaquenil Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Plaquenil usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purpose has responsibility to be well informed regarding usage of the same and should, furthermore, provide some compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Plaquenil is indicated in the treatment of malaria, systemic lupus erythematosus, and rheumatoid arthritis. In this case, however, the attending provider had stated that the applicant has had a thorough and complete workup with two separate rheumatologists, both of whom concluded that the applicant does not have a bona fide rheumatologic disease process. There is likewise not evidence of a malarial infection here. No rationale for selection and/or ongoing usage of Plaquenil has been proffered by the attending provider in light of the unfavorable FDA position on the same. Therefore, the request is not medically necessary.