

Case Number:	CM13-0059374		
Date Assigned:	12/30/2013	Date of Injury:	12/08/2003
Decision Date:	05/15/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 injured worker is a 55-year-old female who reported an injury on 12/08/2003. The mechanism of injury was not provided. Current diagnoses include carpal tunnel syndrome and elbow pain. The injured worker was evaluated on 11/14/2013. The injured worker reported increasing bilateral upper extremity pain. Current medications include Lyrica 75 mg and Flector 1.3% patch. The injured worker was status post injection in 10/2013, with improvement. Physical examination revealed tenderness to palpation over the medial and lateral epicondyle on the right, positive Tinel's testing on the right, positive Phalen's and Tinel's testing on the left, 4/5 strength, and decreased sensation in bilateral hands. Treatment recommendations included a cryostim unit with cryo gel, night wrist sleep support braces for bilateral hands, and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE CRYOSTIM UNIT: Upheld

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

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state patients' at home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. There is no mention of a contraindication to at home local applications of cold packs as opposed to a motorized unit. Therefore, the current request cannot be determined as medically appropriate. As such, the request for one cryostim unit is non-certified.

ONE CRYO GEL: Upheld

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

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

Decision rationale: As the injured worker's cryostim unit has not been authorized, the current request is also not medically necessary. Therefore, the request for one cryo gel is non-certified.

TWO FUTURO NIGHT WRIST SLEEP SUPPORT #2, ONE FOR THE RIGHT HAND AND ONE FOR THE LEFT HAND: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state when treating with a splint in carpal tunnel syndrome, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day depending upon activity. As per the documentation submitted, the injured worker does demonstrate positive Tinel's testing bilaterally. However, there is no clinical documentation to support a diagnosis of carpal tunnel syndrome. The injured worker underwent EMG/NCS on 07/22/2010, which indicated normal findings. Therefore, the medical necessity has not been established. As such, the request for two Futuro night wrist sleep support #2, one for the right hand and one for the left hand is non-certified.

LYRICA 75MG, 60 COUNT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20.

Decision rationale: The California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Lyrica has been documented to be effective in treatment of diabetic painful neuropathy and postherpetic neuralgia. The injured worker has utilized Lyrica 75 mg since 10/2012. There is no documentation of objective functional improvement. There is also no frequency listed in the current request. Therefore, the request for Lyrica 75 mg, 60 count is non-certified.