

Case Number:	CM13-0064719		
Date Assigned:	01/03/2014	Date of Injury:	03/19/2003
Decision Date:	05/16/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/12/2013

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 patient is an employee of the [REDACTED] and has submitted a claim for bilateral carpal tunnel syndrome associated with an industrial injury date of 03/19/2003. Treatment to date has included bilateral carpa tunnel release, and medications including Ambien, Zanaflex, Norco, Ultram, Voltaren cream, and Cartivisc. Utilization review from 11/22/2013 denied the requests for Ambien 10mg, #30; Zanaflex 4mg, #60; Norco 10/325mg, #90; Ultram 50mg, #90; Voltaren cream 100grams; and Cartivisc #90. Reasons for denial were not made available in the submitted documents. Medical records from 2013 were reviewed showing that patient had persistent bilateral hand pain associated with numbness and tingling. This resulted to unintentional dropping things off. Norco was stated to be effective because it improved the pain and allowed patient to perform activities of daily living. Physical examination showed mild swelling of bilateral hands and tenderness at thenar eminence of both. Patient was able to dorsiflex to 40 degrees and volar flex to 60 degrees. No instability was noted. Tinel's and Phalen's tests were both positive, bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 AMBIEN 10MG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, ZOLPIDEM.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Zolpidem treatment was used instead. ODG states that Zolpidem (Ambien) is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. In this case, the date of initial intake of this medication is unknown because only the 2013 medical records were submitted for review when the injury date is as far back as 2003. Recent progress notes also did not indicate any problems with sleep nor were there any discussion concerning the patient's sleep hygiene. Therefore, the request for 30 Ambien 10mg is not medically necessary.

60 ZANAFLEX 4MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: According to page 63 of Chronic Pain Medical Treatment Guidelines, recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the date of initial intake of this medication is unknown because only the 2013 medical records were submitted for review when the injury date is as far back as 2003. Likewise, there was no subjective complaint regarding back pain and no objective finding of muscle spasm necessitating the use of a muscle relaxant. There was no evidence if this medication provided pain relief or if it improved functional activities with duration of its use. Therefore, the request for 60 Zanaflex 4mg is not medically necessary.

90 NORCO 10/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: As stated in page 78 of MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the date

of initial intake of this medication is unknown because only the 2013 medical records were submitted for review when the injury date is as far back as 2003. The medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for 90 Norco 10/325mg is not medically necessary.

90 ULTRAM 50MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the date of initial intake of this medication is unknown because only the 2013 medical records were submitted for review when the injury date is as far back as 2003. Medications were noted to help the patient's pain. However, the exact functional improvements such as increased activities of daily living or decreased pain scores were not clearly documented. Therefore, the request for 90 Ultram 50mg is not medically necessary.

100GM OF VOLTAREN CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, § 9792.24.2, PAGE 112.

Decision rationale: As stated on page 112 in the CA MTUS chronic pain medical treatment guidelines, Voltaren gel is indicated for relief of osteoarthritis pain in the joints that lend themselves to topical treatment which includes the ankles, elbows, feet, hands, knees, and wrist. In this case, the date of initial usage of this medication is unknown because only the 2013 medical records were submitted for review when the injury date is as far back as 2003. Furthermore, patient was only noted to have carpal tunnel syndrome rather than osteoarthritis. The present request also does not specify the quantity to dispense. Therefore, the request for 100gm of Voltaren cream is not medically necessary.

90 CARTIVISC: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, GLUCOSAMINE (AND CHONDROITIN SULFATE) OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: FDA, MSM (METHYLSULFONYLMETHANE).

Decision rationale: CA MTUS does not address this issue. A search of online resources identified that Cartivisc contains chondroitin sulfate, glucosamine, and methylsulfonylmethane (MSM). ODG states that chondroitin sulfate is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Compelling evidence exists that glucosamine may reduce the progression of knee osteoarthritis. MSM is sold as a dietary supplement for osteoarthritis. While ODG recommends glucosamine and chondroitin sulfate as an option in patients with moderate arthritis pain, Cartivisc contains methylsulfonylmethane (MSM), which is not FDA approved. In this case, the date of initial usage of this medication is unknown because only the 2013 medical records were submitted for review when the injury date is as far back as 2003. Furthermore, patient was only noted to have carpal tunnel syndrome which is not a condition recommended for this medication as stated above. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for 90 Cartivisc is not medically necessary.