

Case Number:	CM14-0001198		
Date Assigned:	01/22/2014	Date of Injury:	01/11/2012
Decision Date:	06/12/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/03/2014

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 a 54 year old female who was injured on 01/11/2012. The mechanism of injury is unknown. She sustained an injury to her bilateral hands. Prior treatment history has included Lidoderm, Norco and Naproxen; night extension splint, cortisone injection, physical therapy, and acupuncture. The patient underwent bilateral carpal tunnel syndrome and right ring trigger finger release. PR-2 dated 12/17/2013 indicates the patient presents with complaints of bilateral wrist and hand pain. She states that the right wrist and hand continues to have sharp pain intermittently. It also has intermittent numbness and tingling sensations. She is currently doing her regular activities. On exam, the left wrist/hand shows no gross deformities. There is mild tenderness along the mid wrist area. There is positive Tinel test, positive Phalen test, and equivocal Durkan test with full range of motion on the left; right wrist/hand is within normal limits. Examination of the right wrist shows no gross deformities. Diagnoses are carpal tunnel syndrome of bilateral wrist/hand; and status post carpal tunnel syndrome release.

IMR ISSUES, DECISIONS AND RATIONALES

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

DUEXIS 800/26.6 #90 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Duexis is a combination of ibuprofen 800 mg and famotidine 26.6 mg and is indicated for rheumatoid arthritis and osteoarthritis. The patient has been taking NSAIDs on a chronic basis for carpal tunnel syndrome and trigger finger. However, there is no documentation of functional improvement or objective pain reduction. Further, there is no documentation of adverse GI effects from NSAID use nor is the patient documented to be at moderate or high risk of GI events. Finally, there is mention of a request by her nephrologist to discontinue use of NSAIDs in late 2012. Medical necessity is not established.

UNIVERSAL REMOVABLE WRIST SPLINT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome.

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

Decision rationale: As per CA MTUS/ACOEM guidelines, when treating with a splint in CTS, 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 ODG, data suggest that splinting is most effective if applied within three months of symptom onset. This systematic review found that the usefulness of splinting as initial treatment for improving CTS symptoms is still supported by recent literature, but these effects are temporary. In this case, this patient has bilateral wrist and hand pain. She has been diagnosed with trigger finger and carpal tunnel syndrome status post carpal tunnel release in 2012. There is documentation that this patient has been previously provided multiple splints and there is no mention about why another wrist splint is needed or will provide any therapeutic benefit. Also, there is no documentation that the previous splints are not usable or torn. Thus, the medical necessity has not been established.