

Case Number:	CM14-0007402		
Date Assigned:	02/07/2014	Date of Injury:	05/17/2013
Decision Date:	08/22/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/16/2014

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 Orthopedic Surgery 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 45-year-old female who has filed a claim for recurrent right carpal tunnel syndrome associated with an industrial injury date of May 17, 2013. Review of progress notes indicates worsening pain in the bilateral wrists with pins-and-needles-like sensation, numbness, and tingling of the hands. Patient reports dropping things and awakening at night. Findings of bilateral wrists/hands include swelling, tenderness about the thenar eminence, decreased grip strength, positive provocative tests for carpal tunnel syndrome, and decreased range of motion. Electrodiagnostic study dated July 20, 2012 showed mild right carpal tunnel syndrome. Treatment to date has included NSAIDs, opioids, muscle relaxants, Gabapentin, wrist bracing, physical therapy, several carpal tunnel injections, left carpal tunnel release, right carpal tunnel release in 2006, and revision right carpal tunnel release in February 2014. Utilization review from January 08, 2014 denied the requests for wrist sling as this is not recommended after surgery; and Tizanidine 4mg #30 with 3 refills as there is no documentation of spasticity or clinical findings to support the use of this medication. There is modified certification for Norco 10/325mg for #68 as there is no documentation of benefit, and thus weaning was initiated; Motrin 800mg #90; and 4 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Wrist Sling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute and Chronic), Splinting.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Splinting.

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines were used instead. According to the Official Disability Guidelines, splinting of the wrist in neutral position at night is recommended as an option in conservative treatment. Use of daytime splints has positive, but limited evidence. Splinting after surgery has negative evidence. This patient is status post right carpal tunnel revision surgery. The use of wrist splints after surgery is not recommended. Therefore, the request for wrist sling is not medically necessary.

Sprix 15.75mg Nasal Spray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Sprix Nasal Spray (Ketorolac Tromethamine).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Sprix Nasal Spray (Ketorolac Tromethamine).

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines were used instead. According to the Official Disability Guidelines, Sprix is recommended for the short-term management of moderate to moderately severe pain requiring analgesia at the opioid level. The total duration of use should be for the shortest duration possible and not to exceed 5 days. Prior to revision right carpal tunnel release, patient presented with severe wrist pain that was not improving on current medication regimen. Previous utilization review determination, dated January 08, 2014, has already certified this request for 5 days. Therefore, the request for Sprix 15.75mg nasal spray is not medically necessary.

Tizanidine 4mg #30 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: As stated on California MTUS Chronic Pain Medical Treatment Guidelines pages 63-66, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond NSAIDs in pain and overall improvement. Patient has been on this medication since November 2012. There is no documentation regarding spasms or acute exacerbations of pain. Also, this medication is not recommended for long-term therapy. Therefore, the request for Tizanidine 4mg #30 with 3 refills is not medically necessary.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: As noted on page 78-82 of the California MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since November 2012. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Therefore, the request for Norco 10/325mg #90 is not medically necessary.

Motrin 800mg #90 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. In this case, the patient presents with bilateral wrist pain and has undergone right carpal tunnel release surgery. Treatment with Motrin is a reasonable option to manage pain pre and post-operatively. However, documentation of derived benefits is necessary to support the request for additional refills. Therefore, the request for Motrin 800mg #90 with 3 refills is not medically necessary.

8 Sessions of Physical Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for carpal tunnel syndrome indicates that there is limited evidence demonstrating the effectiveness of physical therapy for carpal tunnel syndrome. The evidence justifies 3-5 visits over 4 weeks after surgery, up to a maximum of 8 visits. The body part to which these sessions are directed to is not indicated. Also, an initial course of 3-5 visits, with documentation of benefits after the first week, is necessary to support additional physical therapy sessions. Therefore, the request for 8 sessions of physical therapy is not medically necessary.