

Case Number:	CM14-0106298		
Date Assigned:	07/30/2014	Date of Injury:	04/11/2013
Decision Date:	08/29/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine and Rehabilitation, 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 injured worker is a 35-year-old female with a reported date of injury on 03/11/2013. The mechanism of injury was noted to be due to cumulative trauma. Her diagnoses were noted to include overuse syndrome to the bilateral upper extremities, medial and lateral epicondylitis to the bilateral elbows, bilateral cubital tunnel syndrome, bilateral carpal tunnel syndrome, and bilateral De Quervain's tendinitis. Her previous treatments were noted to include chiropractic care, steroid injections, and medications. The progress note dated 11/04/2013 revealed the injured worker complained of bilateral elbow pain that radiated down her arms along with numbness. The injured worker also complained of bilateral wrist pain radiating into the hands and fingers with numbness and tingling throughout the hands including loss of grip and strength and difficulty lifting light objects. The physical examination of the bilateral elbows revealed tenderness of the medial and lateral epicondyle, left greater than right. The neurological examination revealed sensation was not intact in the fingers bilaterally, muscle function was normal, and deep tendon reflexes were 1+ for the biceps and absent for the triceps and brachioradialis bilaterally. The examination of the bilateral wrists noted tenderness upon palpation of the radial styloid bilaterally. Finkelstein's, Tinel's, Phalen's and Durkan's tests were noted to be positive bilaterally. There was decreased range of motion noted and strength was diminished. The progress note dated 03/24/2014 revealed the injured worker was taking the ibuprofen as needed. The injured worker reported she had not seen any other doctor regarding the injury and has not had any testing performed. The injured worker was not attending therapy because the insurance company had not authorized any sessions. The injured worker rated her pain 7/10 to 8/10 on the pain scale and has had elective liposuction surgery of both thighs. The injured worker was utilizing wrist braces at home and ice packs. The injured worker reported burning pain with numbness and tingling and there was weakness in her grip strength of both

hands left worse than right and her bilateral elbows had pain that radiated up to her left shoulder and sometimes her right shoulder. The physical examination revealed a positive Tinel's to the right wrist. The Request for Authorization form dated 03/25/2014 was for ibuprofen 800 mg #100 one 3 times a day to help reduce inflammatory pain; omeprazole 20 mg #60 to be used in conjunction with an anti-inflammatory medication to prevent stomach irritation; tramadol 50 mg #200 one to two 4 times a day as needed for pain; and zolpidem 10 mg 1 at bedtime as needed for insomnia, not to be used every night. The Request for Authorization form dated 04/15/2014 was for flexible wrist braces with thumb supports for bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexible wrist braces with thumb supports, both wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Splinting.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-267.

Decision rationale: The request for Flexible wrist braces with thumb supports, both wrists is non-certified. The injured worker has wrist splints that she has been utilizing for pain. The CA MTUS/ACOEM 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 on activity. The Guidelines state careful advice regarding maximizing activities within limits of symptoms is imperative once red flags have been ruled out. Any splinting or limitations placed on hand, wrist, and forearm activity should not interfere with total body activity in a major way. The Guidelines recommend neutral splints to be worn at night for carpal tunnel syndrome and therefore, flexible wrist splints with thumb supports are not appropriate at this time. As such, the request for Flexible wrist braces with thumb supports, both wrists is non-certified.

Ibuprofen 800mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-78.

Decision rationale: The request for Ibuprofen 800 mg #100 is non-certified. The injured worker has been utilizing this medication since at least 12/2013. The California Chronic Pain Medical Treatment Guidelines recommend NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal,

cardiovascular, or renovascular risk factors. The Guidelines state NSAIDs are recommended as a second line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. The Guidelines recommend NSAIDs as an option for short-term symptomatic relief for chronic low back pain. A review of the literature on drug relief for low back pain suggested NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The documentation provided indicated the injured worker was taking ibuprofen as needed; however, there is a lack of documentation regarding evidence of significant pain relief with the utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Ibuprofen 800 mg #100 is non-certified.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: The request for Omeprazole 20 mg #60 is non-certified. The injured worker has been utilizing this medication since at least 12/2013. The California Chronic Pain Medical Treatment Guidelines state the physician should determine if the patient is at risk for gastrointestinal events such as age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAIDs. There is a lack of documentation regarding the efficacy of this medication and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Omeprazole 20 mg #60 is non-certified.

Tramadol 50mg #200: 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 Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Tramadol 50 mg #200 is non-certified. The injured worker has been utilizing this medication since at least 12/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The Guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is a lack of documentation with evidence of decreased pain on a numerical scale with the use of medications. There is a lack of documentation regarding improved functional status with the use of this medication. There are no adverse effects with the

use of medications were noted. There was a lack of documentation regarding aberrant drug taking behaviors and it is unclear as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of evidence of significant pain relief, increased function, absence of adverse effects, and without details regarding urine drug testing to verify appropriate medication utilization the absence of aberrant behaviors, the ongoing use of opioid medications is not supported by the Guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request for Tramadol 50 mg #200 is non-certified.

Zolpidem 10mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem (Ambien).

Decision rationale: The request for Zolpidem 10 mg #30 is non-certified. The injured worker has been utilizing this medication since at least 12/2013. The Official Disability Guidelines state that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. While sleeping pills, so called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming, and they may impair function and memory more than opioid pain relievers. There is also concern they may increase pain and depression over the long term. There is a lack of documentation regarding quality of sleep, duration of sleep, and the Guidelines recommend short-term utilization of this medication, usually 2 to 6 weeks. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Zolpidem 10 mg #30 is non-certified.