

Case Number:	CM14-0107468		
Date Assigned:	08/01/2014	Date of Injury:	02/16/2010
Decision Date:	10/09/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/10/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 48 year old female who sustained an injury on 02/16/10 while performing normal lifting and pulling as a part of her occupation. The injured worker developed pain in the right wrist with associated swelling. No other traumatic injury was noted for the date of injury. Prior treatment included occupational therapy individual psychotherapy and acupuncture treatment. The injured worker had prior cubital and carpal tunnel releases and trigger thumb release in 2010 and 2011. The injured worker also underwent right shoulder arthroscopy in 06/12 followed by triangular fibrocartilage complex debridement in 02/13. The injured worker was followed for chronic myofascial pain and had been treated with multiple medications including anticonvulsants and antispasmodics. Electrodiagnostic studies from 03/22/14 noted evidence for mild left and right median mononeuropathy noted evidence of a mild left median nerve neuropathy at the carpal tunnel. The injured worker was seen on 05/20/14 with continuing complaints of pain in the right upper extremity from the base of the neck to the hand. Physical examination noted tenderness to palpation over the right trapezius and shoulder with full loss of range of motion. There was also diffuse tenderness to palpation in the right wrist and hand with hypersensitivity throughout the right upper extremity. The request was for authorization for pain management physician and acupuncture and ongoing use of gabapentin and Flexeril. The requested procedure the requested acupuncture pain management and medications were denied by utilization review on 06/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation ODG, Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 32

Decision rationale: The injured worker had persistent complaints in the right upper extremity despite conservative treatment to date. The injured worker does not appear to be a further surgical candidate. At this time it is unlikely that the injured worker would improve with the current treatment provided by the attending physician. Referral to pain management would be appropriate to help further delineate treatment for this injured worker. Therefore this request is medically necessary.

Acupuncture two (2) times weekly for two (2) weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per guidelines acupuncture therapy can be utilized as an option for ongoing musculoskeletal complaints for short initial use for short period of initial use up to four sessions. The ongoing complaints in the right upper extremity would support the use of acupuncture therapy on trial basis. The requested four sessions would be within guideline recommendations. Therefore this request is medically appropriate.

Gabapentin 300 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics Page(s): 16-22.

Decision rationale: The injured worker presents with ongoing evidence for neuropathic conditions including carpal tunnel syndrome based on electrodiagnostic studies. The injured worker also had persistent complaints of post-operative neuropathic pain in the right upper extremity. Given that gabapentin is a first line recommended medication the treatment of neuropathic symptoms, this request is medically necessary.

Flexeril 10 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasmodics Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this medication is not medically necessary.