

Case Number:	CM14-0013013		
Date Assigned:	02/24/2014	Date of Injury:	05/11/2009
Decision Date:	08/04/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/31/2014

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 male who has filed a claim for carpal tunnel syndrome associated with an industrial injury date of May 11, 2009. Review of progress notes indicates numbness and tingling in both hands with pain in both elbows and shoulders. Pain is worse upon sleeping on the right side, typing, and overhead reaching. The patient wakes up at night due to pain. The patient also suffers from nonpsychotic mental disorder and depressive disorder. Findings include decreased range of motion of the right wrist/elbow and shoulder compared to the left; positive Phalen's and elbow flexion tests bilaterally; tenderness over right biceps tendon, right AC joint, right medial epicondyle, and bilateral carpal ligamentous region; and thenar weakness. Electrodiagnostic study dated August 14, 2013 showed moderate bilateral median nerve carpal tunnel syndrome, worse on the right; and mild-moderate ulnar nerve entrapment at the olecranon grooves. Treatment to date has included NSAIDs, opioids, physical therapy, home exercises, and topical analgesics. Utilization review from January 20, 2014 denied the requests for transportation to and from [REDACTED], diclofenac EC 100mg #60, occupational therapy 2x4 for bilateral upper extremities, and Tylenol #3 300/30mg #60. Reasons for denial were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Department of Health Care Services Criteria Manual Chapter 12.1 , Criteria For Medical Transportation and Related Services.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Transportation (To and From Appointments).

Decision rationale: CA MTUS does not specifically address transportation. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that transportation is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. Progress note indicates that the patient was unable to attend a neuropsych test with [REDACTED] due to driving restrictions, as the facility is too far. The patient is unable to drive more than 12 miles due to the bilateral upper extremity symptoms, but there is no documentation of physical disabilities that preclude the use of public transportation. Therefore, the request for transportation to and from [REDACTED] was not medically necessary.

Diclofenac ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 67.

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. Patient has been on this medication since November 2012. However, the patient also has hypertension for which lisinopril is prescribed. The use of an NSAID can decrease the effects of lisinopril, and also increases the risk for renal insufficiency. A report from September 2013 indicates that the patient should avoid NSAIDs as an analgesic option. Therefore, the request for diclofenac ER 100mg #60 was not medically necessary.

Occupational Therapy two (2) times a week for four (4) weeks for bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Page 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. According to ODG, 1-3 visits over 3-5 weeks are recommended for carpal tunnel syndrome. It was noted that the patient has not received any physical therapy for the bilateral upper extremities. Although physical medicine treatment may be reasonable in this patient, the requested number of visits exceeds guideline recommendations. Therefore, the request for occupational therapy 2x4 for bilateral upper extremities was not medically necessary.

Tylenol #3 300/30/Mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Acetaminophen (APAP) Page(s): 78-82, 11-12.

Decision rationale: As noted on pages 78-82 of the CA 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. Acetaminophen is indicated for treatment of chronic pain & acute exacerbations of chronic pain. Patient has been on this medication since November 2012. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication, or of periodic urine drug screens to monitor medication use. Additional information is necessary to support this request. Therefore, the request for Tylenol #3 300/30mg #60 was not medically necessary.