

Case Number:	CM14-0015573		
Date Assigned:	03/03/2014	Date of Injury:	06/26/2013
Decision Date:	07/23/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/06/2014

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 Illinois. 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 37-year-old female who reported an injury on 06/26/2013. The mechanism of injury was not provided for the clinical review. The diagnoses include carpal tunnel syndrome. Previous conservative treatments include acupuncture, splinting, medications and surgery. Within the clinical note dated 01/15/2014, the injured worker complained of fingertip pain with heavy work and heavy activity, but denied any persistent numbness and tingling and is doing overall well. The injured worker underwent a carpal tunnel release surgery. Upon examination of the right wrist, the provider noted that the injured worker is able to flex and extend her wrist fully without paresthesia, and there is no Tinel's sign. The provider requested 2 wrist braces, physical therapy, Tylenol and Prilosec. However, a rationale was not provided for the clinical review. The Request for Authorization was provided and submitted on 01/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 WRIST BRACES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Carpal Tunnel, Splinting.

Decision rationale: The injured worker complained of occasional fingertip pain with heavy work and heavy activity, but denied any persistent numbness and tingling and is doing overall well. The American College of Occupational and Environmental Medicine recommends splinting as a first-line conservative treatment for carpal tunnel syndrome. Additionally, The Official Disability Guidelines recommend splinting of the wrist in a neutral position at night and day as needed as an option in conservative treatment. The use of daytime wrist splints had positive, but limited, evidence. Splinting after surgery has negative evidence. When treating with a splint, there is scientific evidence to support the efficacy of neutral wrist splints in carpal tunnel syndrome, and it may include full-time splint wear instructions as needed versus night only. Carpal tunnel syndrome may be treated initially with a splint and medications before an injection is considered, except for in cases of severe carpal tunnel syndrome. There is limited evidence that night-only wrist splint use is equally effective as full-time wrist splint use in improving short-term symptoms and hand function. The clinical documentation submitted indicates that the injured worker has undergone a carpal tunnel release surgery. However, the guidelines do not recommend the use of splinting after surgery. The request submitted failed to provide whether splinting should be utilized as a daytime splint or night-only. The request submitted fails to provide which wrist would be utilizing the brace. Therefore, the request for 2 wrist braces is not medically necessary.

PHYSICAL THERAPY, 3 TIMES A WEEK FOR 6 WEEKS: Upheld

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

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

Decision rationale: The injured worker complained of occasional fingertip pain with heavy work and heavy activity, but denied any persistent numbness and tingling and is doing overall well. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion and can alleviate discomfort. The guidelines note that injured workers are instructed in and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend for neuralgia and myalgia, 8 to 10 visits of physical therapy. There is a lack of documentation, including an adequate and complete physical examination demonstrating that the injured worker has decreased functional ability, decreased range of motion and decreased strength or flexibility. The request submitted failed to provide treatments of the physical therapy. Additionally, the request for 18 sessions of physical therapy exceeds the guideline recommendations of 8 to 10 sessions. Therefore, the request is not medically necessary.

TYLENOL #4, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, criteria for use.

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

Decision rationale: The injured worker complained of occasional fingertip pain with heavy work and heavy activity, but denied any persistent numbness and tingling and is doing overall well. The California MTUS Guidelines recommend the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines note that a pain assessment should include the current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid and how long it takes for pain relief as well as how long the pain relief lasts. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction or poor pain control. The provider failed to document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating that the medication had been providing objective functional benefit and improvement. The request submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not provided in the clinical documentation submitted. There was a lack of documentation indicating how long the injured worker had been utilizing the medication requested. Therefore, the request for Tylenol is not medically necessary.

PRILOSEC 20MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, page(s) 68 Page(s): 68.

Decision rationale: The injured worker complained of occasional fingertip pain with heavy work and heavy activity, but denied any persistent numbness and tingling and is doing overall well. The California MTUS Guidelines note that proton pump inhibitors, such as Prilosec, are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. Risk factors for gastrointestinal events include over the age of 65, a history of peptic ulcer, gastrointestinal bleeding or perforation, the use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID or adding an H2 receptor antagonist or a proton pump inhibitor. The documentation submitted did not indicate that the injured worker had a history of peptic ulcer, GI bleed or perforation. There is lack of documentation indicating the injured worker was at risk for a gastrointestinal event. Additionally, the request submitted failed to provide the frequency of the medication. Therefore, the request for Prilosec 20 mg #90 is not medically necessary.