

Case Number:	CM14-0119851		
Date Assigned:	08/06/2014	Date of Injury:	11/07/2012
Decision Date:	10/03/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/14/2014

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 Texas. 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:

Medical records reflect the claimant is a 57 year old male who sustained an industrial injury on 11/7/2012. The patient has history of bilateral wrist, hand and elbows pain. He is status post right CTR (carpal tunnel release) on 5/18/2012. Previous treatment has included postoperative PT x 18, acupuncture, deQuervain's injections (2 weeks relief), cortisone injections with benefit, and medications. The patient underwent an AME re-evaluation on 10/25/2012, the patient was rendered MMI / P&S (maximum medical improvement/ permanent & stationary) and future medical care recommendations were provided for the bilateral hands/wrist and right elbow. EMG/NCV of the right upper extremity on 1/22/2014 reveals abnormal study. 1. Entrapment neuropathy of the median nerve at the right wrist with mild to moderate slowing of NCS. 2. Entrapment neuropathy of the ulnar nerve across the right elbow with very mild slowing (cubital tunnel syndrome) 3. Mild entrapment neuropathy of the ulnar nerve at the right wrist (Guyon canal syndrome) 4. No evidence of entrapment neuropathy on the right radial nerve. 5. No evidence to support motor radiculopathy in the right upper extremity. An MRI of the right wrist on 6/5/2014 reveals: 1. Mild to moderate triscaphe arthritis. 2. Several small cortical irregularities and edema within the wrist, including within the lunate and capitate, with may be related to repetitive micro trauma. No evidence of acute trabecular bone injury or fracture. 3. Minimal fraying of the TFCC (Triangular Fibrocartilage Complex), without evidence of a full-thickness tear. 4. Trace tenosynovitis of the extensor carpi radialis longus and brevis tendon. An MRI of the left wrist on 6/5/2014 reveals: 1. Mild cystic change and edema within the distal scaphoid and mild triscaphe arthritis. No fracture identified. 2. There is a tear of the TFCC. 3. Minimal tenosynovitis of the extensor carpi radialis longus and brevis tendons. 4. Mild tendinosis of the extensor carpi ulnaris tendon. 5. Minimal increased signal intensity within the median nerve near the level of the carpal tunnel, non-specific. A prior peer review on 7/10/2014

modified the request for Norco 10/325mg #60 to allow #15, to continue taper for weaning purposes, as was recommended in the previous 5/22/2014 peer review. The requests for Motrin, Robaxin, Remeron, and surgical consultation for the bilateral wrists/hands were all non-certified. The patient was re-evaluated on 7/9/2014. The PR-2 (progress report) is handwritten and not entirely legible. The patient notes continued right wrist pain, some triggering of the fingers, and "tendon" pain that occurs daily and depends on amount of activity performed. Pain is moderate, rated 8/10. Examination documents well-healed surgical scars at right wrist and A1 pulley area, tender tendon/TFCC region, ROM (range of motion) 50/50/25/25, painful Phalen's, positive Tinel's. No digit triggering, tender A1 pulley right 1, 2, 3 and left 5th digits. He is returned to work without restrictions. Treatment plan to include continued medications, surgical consult/referral, continue use of wrist brace, and follow-up in 4-5 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION FOR NORCO 10/325MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: According to the CA MTUS guidelines, Norco is indicated for moderate to moderately severe pain. Norco "opioid short acting" in chronic pain is recommended for short-term pain relief, the long-term efficacy is unclear (>16 weeks), but also appears limited. The patient reports 8/10 level pain. He has been chronically treating with opioids for well over a year. Long term use of opioids as treatment of non-malignant chronic pain is not generally supported. The patient continues complaints of moderately severe pain and has required more invasive care measures. The medical records do not reflect there has been any significant improvement in pain level or functional capacity.

1 PRESCRIPTION FOR MOTRIN 800MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - NSAIDs

Decision rationale: For treatment with NSAIDs, the guidelines recommend the lowest effective dosage for the shortest period of time. For mild to moderate pain levels, the guidelines support 400mg po every 4-6 hours as need. The guidelines state NSAIDs are recommended as an option for short-term symptomatic relief. In addition to the well-known potential side-effects of long term NSAID use, use of NSAIDs has been shown to possibly delay and hamper healing in all the

soft tissues, including muscles, ligaments, tendons, and cartilage. The patient complains of 8/10 pain. He has been chronically treating with prescription strength NSAIDs for more than a year. The medical records do not document subjective/objective improvement in pain level and function with use of Motrin. The medical records do not establish the patient had presented with a flare-up or exacerbation of current symptoms, unresponsive to other interventions including non-prescription strength interventions and/or acetaminophen. In addition, the ROS (review of symptoms) of the progress report is positive for GI complaints. Chronic use of NSAIDs is not supported by the guidelines. The medical necessity of the request is not established.

1 PRESCRIPTION FOR ROBAXIN 500MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - muscle relaxants

Decision rationale: The CA MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic pain. The medical records do not demonstrate the presence of muscle spasm on examination and do not document subjective complaints and examination findings that correlate to the existence of an acute exacerbation of the patient's chronic condition. Furthermore, chronic use of muscle relaxants is not recommended. The medical necessity and appropriateness of Robaxin has not been established.

1 PRESCRIPTION FOR REMERON 15MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines REMERON Page(s): 388, 402.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti depressants Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - anti depressants

Decision rationale: According to the Official Disability Guidelines, sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The medical records do not include any corroborative description of subjective symptoms nor objective findings/observations to support insomnia with co-existing depression. In fact, according to the report ROS, the patient denies having any psychological issues, such as depression, stress, anxiety, mood swings or difficulty sleeping. It does not appear Remeron is medically indicated.

1 SURGICAL CONSULTATION FOR BILATERAL WRISTS/HANDS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270, 271, 273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: According to the CA MTUS ACOEM guidelines, referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature; Fail to respond to conservative management, including worksite modifications; Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention; Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. In the case of this patient, recent MRI of the wrists reveal pathology and the right EMG/NCV also revealed abnormal findings. Given the patient's prior surgical and conservative treatment history, ongoing complaints and positive diagnostics findings, referral for surgical consultation for the bilateral hands/wrists would be clinically appropriate.