

Case Number:	CM14-0129502		
Date Assigned:	09/03/2014	Date of Injury:	05/08/2012
Decision Date:	09/25/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/14/2014

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 Orthopedic Surgery 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:

This 56-year-old female file clerk sustained an industrial injury on 5/8/12 relative to a fall. The 5/9/13 electrodiagnostic report documented findings of moderate right carpal tunnel syndrome and mild bilateral C5 radiculopathy. The 5/22/13 cervical MRI documented C4/5 and C5/6 disc bulges indenting the anterior portion of the cervical subarachnoid space with minimal decrease in the diameter of the cervical canal. The 10/8/13 right shoulder MRI impression documented rotator cuff tendinosis with partial tear beneath the acromion, mild impingement, and findings consistent with a SLAP tear. The 2/18/14 electrodiagnostic studies performed during the PQME exam revealed evidence of mild bilateral carpal tunnel syndrome. The 7/25/14 treating physician report cited persistent grade 5/10 right shoulder pain, frequent grade 6-7/10 neck and upper back pain, and frequent bilateral hand pain and numbness. She reported depression, anxiety and difficulty sleeping. Pain moderately affected activities of daily living. Physical exam documented slight to moderate limitation in cervical range of motion, multiple cervicothoracic trigger points, slight restriction in right shoulder range of motion and positive impingement. Bilateral wrist range of motion was grossly within normal limits. Sensation was decreased in the 1st, 2nd, and 3rd digits of both hands. Grip strength was 4+/5 bilaterally. The diagnosis was mild bilateral C5 radiculopathy, chronic headaches, right shoulder injury with partial rotator cuff tear, and bilateral carpal tunnel syndrome. The treatment plan recommended right carpal tunnel release and prescribed Naproxen 550 mg #120 and Hydrocodone/APAP 5/325 mg #120. Aquatic therapy 2x6 and home exercise was prescribed. The treating physician reported the patient had greater than 50% relief of pain and significant improvement in function (>50%) with Hydrocodone/APAP. The 8/4/14 utilization review denied the request for right carpal tunnel release with no rationale available for review. The request for Naproxen 550 mg #120 was modified to #90. The request for Hydrocodone/APAP 5/325 mg #120 was modified to #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The ACOEM guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. The Official Disability Guidelines provide clinical indications for carpal tunnel release that include specific symptoms (abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick Sign), physical exam findings (compression test, monofilament test, Phalen's sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness), conservative treatment (activity modification, night wrist splint, non-prescription analgesia, home exercise training), successful corticosteroid injection trial, and positive electrodiagnostic testing. Guideline criteria have not been met. There are limited current clinical exam findings consistent with guideline criteria for carpal tunnel release. There is no detailed documentation that recent comprehensive guideline-recommended conservative treatment had been tried and failed. Therefore, this request is not medically necessary.

Naproxen 550mg tablets #120: 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state non-steroidal anti-inflammatory drugs (NSAID), such as Naproxen are indicated for short term lowest dosage treatment of symptoms associated with osteoarthritis and chronic back pain and as a second line option for acute exacerbations of chronic back pain. Guidelines indicate that there is no evidence of long-term effectiveness for pain or function. Guideline criteria have not been met for continued use of this medication. The patient has been prescribed Naproxen since at least 4/16/13 with no significant improvement noted in functional ability. The request for Naproxen 550mg #120 was partially certified for #90 tablets for downward titration and discontinuation as the long-term use of this medication was not supported by guidelines. The combination of findings do not support a variance from the opinion rendered. Therefore, this request is not medically necessary.

Hydrocodone/APAP 5mg/325mg tablets #120: 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, criteria for use. Opioids, specific drug list Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of Hydrocodone/Acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Guideline criteria have not been met. Records suggest that the patient has been using this medication since at least 1/13/14 and cite pain reduction and functional improvement of greater than 50%. However, records do not support that there has been any change in the patient's pain or functional status. The request for Hydrocodone/APAP 5mg/325mg tablets #120 was partially certified to #90 for downward titration and discontinuation as the long-term use of this medication was not supported by guidelines. The combination of findings do not support a variance from the opinion rendered. Therefore, this request is not medically necessary.