

Case Number:	CM14-0138042		
Date Assigned:	09/05/2014	Date of Injury:	10/04/2013
Decision Date:	11/19/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/26/2014

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:

23 year old male claimant with an industrial injury dated 10/04/13. Exam note 07/23/14 states the "injured worker returns with mid forearm pain." Upon physical exam the injured worker demonstrated decreased strength in the left wrist with extension and grip. MRI left forearm 2/14/14 demonstrates intact neurovascular bundle. The injured worker also had numbness affecting all digits of the left hand. There was evidence of skin color changes in the left forearm, and a purple color to scar of the left forearm in which was 2 inches on posterior aspect of the forearm. There was tenderness in the left dorsal aspect of the wrist, and hypersensitivity to the left forearm. The injured worker experienced muscle spasms and tripper points to extensor muscles. There was decreased sensation in the left dorsal of the wrist extensors, left thumb, and the 1st two digits on the posterior aspect. Diagnosis is noted as left forearm laceration, complex regional pain syndrome of the left arm, possible left radial neuropathy, and myofascial pain syndrome. Treatment includes a left radial nerve and median nerve exploration with possible repair distal forearm with graft, acupuncture, and the prescription of Naproxen, Omeprazole, and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left RN & MN Exploration, Possible Repair Distal Left Forearm with Graft: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-270.

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

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11, Forearm, Wrist and Hand Complaints, page 270, 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. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits and, especially, expectations are very important. In this case the exam note from 7/23/14 does not demonstrate any evidence of red flag condition or clear lesion shown to benefit from surgical intervention. The MRI from 2/14/14 demonstrates an intact neurovascular bundle. Therefore the request for Left RN & MN Exploration, Possible Repair Distal Left Forearm with Graft is not medically necessary.

Naproxen 550 mg BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case the continued use of Naproxen is not warranted, as there is no demonstration of functional improvement from the exam note or quantity requested from 7/23/14. Therefore the request for Naproxen 550 mg BID is not medically necessary.

Omeprazole 20mg.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. The cited records from 7/23/14 do not demonstrate that the injured worker is at risk for gastrointestinal events. Therefore the request for Omeprazole 20mg is not medically necessary.

Neurontin 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs, Neurontin Page(s): 18.

Decision rationale: Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, Neurontin is indicated for diabetic painful neuropathy and postherpetic neuralgia and is considered first line treatment for neuropathic pain. In this case, the exam note from 7/23/14 does not demonstrate evidence neuropathic pain or demonstrate percentage of relief, the duration of relief, increase in function or increased activity. Therefore medical necessity has not been established, and the request for Neurontin 800mg is not medically necessary.

8 Acupuncture 2x4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS Acupuncture Medical Treatment Guidelines, pages 8&9 Frequency and duration of acupuncture or acupuncture with electrical stimulation maybe performed as follows:(1) Time to produce functional improvement: 3 to 6 treatments.(2) Frequency: 1 to 3 times per week.(3) Optimum duration: 1 to 2 months.(d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e).The guidelines specifically report 3-6 treatments initially. As the request is for 8 visits the determination is for non-certification.