

<b>Case Number:</b>	CM14-0138626		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	05/16/2012
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 is a 39 year old female with a 5/16/12 injury date. She is a sewing machine operator who sustained an industrial injury to her right wrist from repetitive motion. In a follow-up on 7/23/14, subjective complaints included right wrist pain of 7/10 that is constant and increased with lifting, pushing, pulling, gripping, grasping, and squeezing. The pain is 2/10 with pain medications and 9/10 without medications. Objective findings included right forearm and wrist tenderness, decreased sensation in the median nerve distributions, and weakness with Jamar testing. An EMG/NCV on 4/11/13 showed bilateral carpal tunnel syndrome. Diagnostic impression: right carpal tunnel syndrome. Treatment to date: medications, splint, home exercise, physical/occupational therapy. A UR decision on 6/1/14 partially certified the request for right carpal tunnel release with possible flexor tenosynovectomy to allow for right carpal tunnel release only because guidelines state that tenosynovectomy procedures should not be routinely performed as there are no recommendations for or against their use. The documentation did meet guideline criteria to proceed with carpal tunnel release on its own. The request for post-op physical therapy (2x4) was modified to allow for 4 initial sessions based on guideline criteria. The request for cold therapy unit purchase was modified to allow for a 7 day rental of a cold therapy unit based upon guideline criteria. The request for Norco 10/325 #90 was modified to allow for Norco 10/325 #80 for the purposes of taper and to allow the physician to more fully establish medical need for ongoing use. The request for Prilosec was denied on the basis that there was no documentation that the patient was at high risk for an adverse GI event. The request for Fexmid #60 was denied on the basis that there was no documentation of a statement of exceptional factors explaining the medical necessity for treatment outside the guideline recommendations that limit its use to no more than 2-3 weeks. The request for urine drug screening was denied on the basis that there was not enough supporting documentation showing

recent UDS test results, the total number of UDS screens in the past 12 months, or a risk assessment for misuse.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Possible Flexor Tenosynovectomy and or median neurolysis: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 259, 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, Wrist, and Hand Chapter

**Decision rationale:** The MTUS criteria for carpal tunnel release include failure of non-operative treatment or severe symptoms such as continuous tingling and numbness; most patients should have had at least 1 glucocorticosteroid injection; and patients who do not have a glucocorticosteroid injection that results in at least partial benefit should have an electrodiagnostic study (EDS) consistent with CTS. The MTUS states that the majority of patients with De Quervain's syndrome will have resolution of symptoms with conservative treatment. The ODG states that surgery for DeQuervain's tenosynovitis is recommended as an option if there are consistent symptoms, signs, and failed three months of conservative care. In the present case, the evidence provided in the documentation meets guideline criteria for carpal tunnel release. However, there is no discussion or rationale as to why the patient requires a concurrent tenosynovectomy, and there are no physical exam findings that support the diagnosis of a tendon disorder. In this type of review, it is the procedure as written in the RFA that must be considered, and modified decisions are not allowed. Therefore, the request for Possible Flexor Tenosynovectomy and or median neurolysis is not medically necessary.

#### **4 post Op Physical Therapy x8 (2x4 weeks) for the right wrist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

#### **Cold Therapy Unit Purchase: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Carpal Tunnel Syndrome Chapter.

**Decision rationale:** The MTUS does not address this issue. The ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. Specifically, peer-reviewed literature concludes that after carpal tunnel surgery, the use of continuous flow cryotherapy, compared with traditional ice therapy, provides patients with greater comfort and lessens the need for narcotics. In the present case, a 7 day rental of a cold therapy unit is supported but cannot be certified because the surgical procedure was not certified. Therefore, the request for cold therapy unit purchase is not medically necessary.

**Norco 10/325 #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.24.2. OPIATES Page(s): 78-81.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2012 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. There are no reports of prior urine drug screens, pills counts, or opiate contracts submitted for review. Although opiates may be appropriate, additional information would be necessary, as the MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Non-certification here does not imply abrupt cessation for a patient who may be at risk for withdrawal symptoms. Should the missing criteria necessary to support the medical necessity of this request remain unavailable, discontinuance should include a tapering prior to discontinuing avoiding withdrawal symptoms. Therefore, the request for Norco 10/325 #90 is not medically necessary.

**Prilosec 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Proton Pump Inhibitor

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.24.2. Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Prilosec).

**Decision rationale:** The MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. In the present case there remains no report of gastrointestinal complaints or chronic NSAID use. Therefore, the request for Prilosec 20 mg #30 is not medically necessary.

**Fexmid 7.5 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009 9792.24.2. Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In addition muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In the present case, there is no documentation that prior use of cyclobenzaprine has reduced subjective complaints of muscle spasm and/or objective findings of muscle spasm. Therefore, the request for Fexmid 7.5 mg #60 is not medically necessary.

**Urine Drug Screening:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines CA MTUS 9792.24.2. Chronic Pain Medical Treatment Guidelines 2009 (Drug Testing page 43, Urin.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. In the present case, there is not enough supporting documentation showing recent UDS test results, the total number of UDS screens in the past 12 months, or a risk assessment for misuse. In addition, the request for Norco was not certified, thus

obviating the need for urine toxicology. Therefore, the request for urine drug screening is not medically necessary.