

Case Number:	CM14-0156418		
Date Assigned:	09/25/2014	Date of Injury:	11/06/1997
Decision Date:	10/27/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/22/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 55-year-old female with a 11/6/97 date of injury, and status post bilateral carpal tunnel release. At the time (8/28/14) of request for authorization for prospective usage of Pilocarpine 5mg, there is documentation of subjective (chronic pain condition affecting the neck, shoulders, and wrist) and objective (moderate tenderness over the C4-5 and C5-6 cervical interspaces, range of motion 60-80% of normal range, diminished muscle strength at 4/5 in the bilateral shoulder flexion and abduction, 5-/5 bilateral elbow flexion and extension, 4/5 in the bilateral handgrip, positive Tinel and Phalen sign in the bilateral upper extremity) findings, current diagnoses (bilateral carpal tunnel syndrome, status post bilateral carpal tunnel release with recurrent wrist pain; bilateral DeQuervain's tendinitis requiring operative treatment; chronic cervicalgia with history of cervical disc herniation; cervical radiculitis; chronic pain syndrome chronic reactive clinical depression from chronic pain), and treatment to date (medications). There is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which pilocarpine would be indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective usage of Pilocarpine 5mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.pdr.net

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guidelines identifies documentation of elevated intraocular pressure (IOP) in patients with open-angle glaucoma/ocular HTN, acute angle-closure glaucoma, postoperative elevated IOP associated with laser surgery, and/or induction of miosis, as criteria necessary to support the medical necessity of pilocarpine. Within the medical information available for review, there is documentation of diagnoses of bilateral carpal tunnel syndrome, status post bilateral carpal tunnel release with recurrent wrist pain; bilateral DeQuervain's tendinitis requiring operative treatment; chronic cervicalgia with history of cervical disc herniation; cervical radiculitis; chronic pain syndrome chronic reactive clinical depression from chronic pain. However, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which pilocarpine would be indicated. Therefore, based on guidelines and a review of the evidence, the request for prospective usage of Pilocarpine 5mg is not medically necessary.