

Case Number:	CM14-0034336		
Date Assigned:	06/20/2014	Date of Injury:	09/19/2011
Decision Date:	08/04/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/19/2014

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 Hand Surgery and Plastic Surgery and is licensed to practice in Orgeon. 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:

Orthopaedic AME report dated 11/12/13 indicates that the claimant has right hand pain. The claimant is taking medications including Norco, Prilosec, Xanax, and Ibuprofen. Examination of the upper extremities reveals decreased sensation in the bilateral thumbs. There is numbness of the ring and little fingers. There is decreased strength of the left wrist/hand in grip testing. The provider recommends spinal surgical consultation and re-evaluation. Electrodiagnostic report dated 11 /13/13 reveals mild to moderate right carpal tunnel syndrome and right chronic active C5-C6 radiculopathy. Comprehensive orthopedic re-evaluation report dated 11/21/13 indicates that the claimant complains of neck pain rated 5/10. The claimant has bilateral wrist pain and numbness of the thumb, index, and long finger which is classic for carpal tunnel syndrome. The claimant is also having trouble sleeping. Examination of the hand reveals decreased sensation approximately 12 mm on the right hand and about 10 min on the left with 2-point discrimination. There is positive 2+ Tinel's, Phalen's and compression nerve teston the right and I+ on the left hand. The claimant has had a year of observation andconservative treatment without improvement as a matter of fact, the right hand is worsethan previously on testing. The provider recommends medication, urine toxicology test, and carpal tunnel release of the right wrist. The claimant is temporarily totally disabled. Operative report dated 01/07/14 indicates that the claimant underwent right carpal tunnel release. Comprehensive orthopedic re-evaluation report dated 02/06/14 indicates that the claimant has had right carpal tunnel release and is having no problems over the right wrist. However, the claimant still has numbness and tingling in the left hand, and is having sleeping issues. Examination of the left hand reveals no deficits. The providerrecommended left carpal tunnel release which was performed on 4/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Workers Compensation.

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

Decision rationale: The carpal tunnel release is not medically necessary. According to the ACOEM guidelines, Chapter 11, page 270, "Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken." The records do not include the results of a left nerve conduction study.

Sleep study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Workers Compensation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pan Procedure summary.

Decision rationale: According to ODG guidelines, a sleep study is medically necessary to evaluate at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. In this case, there is notation that the claimant's pain and symptoms limit sleep. The claimant is also taking Xanax for sleeping issues; however, presence of extraneous circumstances such as excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, and personality change and insomnia complaints is not evident in the submitted report. Given this information, the medical necessity is not established. Recommend non-certification.

Topical cream: Gabapentin/Ketoprofen/Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Per the CA MTUS, topical analgesics are "Largely experimental in use, with few randomized controlled trials to determine efficacy or safety; primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The records do not document a trial of antidepressants and anticonvulsants. The reports provided do not indicate failed trials of first-line recommendations such as oral antidepressants and anticonvulsants. The efficacy in clinical trials for topical NSAID has been inconsistent and most studies are small and of short duration. Furthermore, Ketoprofen is not currently FDA approved for topical application. Cited guidelines do not support Gabapentin and Tramadol for topical application as there is little to no evidence proving safety and efficacy.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications part 2 - Pain Interventions and Treatment Page(s): 92.

Decision rationale: The MTUS endorses opiates for short term postoperative pain control. The carpal tunnel procedure is not certified and therefore Norco is not medically necessary.

Xanax 1mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions Page(s): 27.

Decision rationale: Chronic Pain Medical Treatment Guidelines benzodiazepines page 24 indicates: "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." The patient has used xanax for longer than four weeks, and the guidelines recommend limiting use to no more than four weeks. IN addition, the records do not document use of an antidepressant for the anxiety symptoms.