

Case Number:	CM14-0043719		
Date Assigned:	07/02/2014	Date of Injury:	06/01/2010
Decision Date:	09/18/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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:

The injured worker is a 50 year old female who sustained an injury on 06/01/10 due to repetitive work activities. The injured worker was initially addressed assessed with carpal tunnel syndrome and was given a brace and referred for physical therapy. The injured worker was also given steroid injections. Prior electrodiagnostic studies were normal. Second series of electrodiagnostic studies showed minor criteria for median nerve neuropathy bilaterally. The injured worker was again recommended for repeat electrodiagnostic studies. Multiple medications included topical Voltaren gel, Percocet, Celebrex, Lidoderm patches, Elavil, and other unrelated medications for hypertension. As of 03/12/14 the injured worker had continuing complaints of bilateral upper extremities pain at the wrist that had increased since her last evaluation. Medications at this visit included Voltaren 1 percent gel applied up to four times a day, Percocet 10/325mg twice daily, Celebrex 200 milligrams daily, Lidoderm 5 percent patch, and Elavil 25 milligrams one to two tablets at bedtime. Physical examination noted tenderness over the left lateral epicondyle with negative Tinel signs and left radial and dorsal wrist without positive Tinel or Phalen signs, Finklestein sign was positive, and sensation was decreased in medial and lateral hand and distal thumb. The injured worker reported significant benefit with Lidoderm patches. The injured worker used Lidoderm patches as she had sedating side effects from oral medications and the injured worker required drive of 60 miles per day to return to go to work. No surgery was recommended for this injured worker. The injured worker was recommended for a left carpal tunnel injection. Follow up on 04/09/14 noted continuing poor sleep however there was continuing increasing pain despite the use of medications. Physical examination findings were unchanged. The requested acupuncture therapy for twelve sessions for the left upper extremity, Nortriptyline 25 milligrams, Celebrex 200 milligrams, Voltaren gel 1 percent, and Elavil 25 milligrams quantity sixty were denied by utilization review on 03/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 12 sessions for the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per Acupuncture Medical Treatment guidelines, acupuncture therapy can be utilized as an option in the treatment of musculoskeletal complaints either after failure of conservative treatment or as an adjunct to other physical modalities. Guidelines however do not recommend more than four to six initial acupuncture therapy sessions to determine the response to this type of therapy and to conclude if the injured worker would reasonably have benefitted from further sessions. The request for twelve acupuncture therapy sessions would be excessive at this time and would not be indicated per guidelines. Therefore, Acupuncture x 12 sessions for the left upper extremity is not medically necessary.

Nortriptyline Hcl 25mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

Decision rationale: This medication would not be supported as medically necessary based on clinical documentation submitted for review. The injured worker is utilizing Elavil as a sleep aid; however, there was no listing for Pamelor or Nortriptyline as an active medication as of 04/14. Given that this medication was not actively being prescribed at the time it was at the time of utilization review was completed, Nortriptyline HCL 25mg is not medically necessary.

Celebrex 200mg PRN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: The chronic use of prescription Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over the counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal

pain secondary to injury or flare ups of chronic pain. There is no indication that the use of NSAIDs in this case is for recent exacerbations of the claimant's known chronic pain. As such, the injured worker could have reasonably transitioned to an over the counter medication for pain. Such as, Celebrex 200mg PRN is not medically necessary.

Voltaren Gel 1% PRN x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker is still utilizing oral antiinflammatories including Celebrex. This is a duplication of therapy and would not be supported by guidelines. Voltaren gel is indicated when oral antiinflammatories have failed or are otherwise contraindicated. A duplication of anti-inflammatory therapy is not recommended by guidelines. Such as, Voltaren Gel 1% PRN x 2 is not medically appropriate.

Elavil 25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

Decision rationale: The injured worker continued to report poor sleep despite the use of Elavil. Elavil is a commonly prescribed sedating antidepressant that can be utilized long term for insomnia complaints. As the clinical documentation submitted for review did not identify any clear sleep improvements obtained with this medication. Such as, Elavil 25mg #60 is not medically necessary.