

Case Number:	CM14-0050773		
Date Assigned:	07/07/2014	Date of Injury:	09/01/2009
Decision Date:	08/22/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/18/2014

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 Physical Medicine and Rehabilitation and Pain 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:

This is a 55-year-old female who sustained a remote industrial injury on 09/01/09 diagnosed with C5-6 disc herniation with stenosis, bilateral shoulder impingement syndrome with acromioclavicular joint pain, bilateral tennis elbow, status post left carpal tunnel release, right carpal tunnel syndrome, and resultant insomnia. Mechanism of injury occurred as a result of repetitive use of the hands at work, causing increasing pain in bilateral hands, wrists, elbows, and shoulders. The request for Acupuncture; two to three (2-3) times a week for six (6) weeks was modified at utilization review to certify 6 additional sessions of acupuncture due to the documentation of obtained benefit from previous sessions. The request for Tramadol was also modified at utilization review to certify Tramadol 50mg x one month supply due to the lack of documentation of functional benefit and lack of documentation regarding the appropriate use of opioids. The request for Benadryl over-the-counter was non-certified at utilization review due to sedating antihistamines like diphenhydramine not being recommended for long-term insomnia treatment. The most recent progress note provided is 03/12/13. The patient complains primarily of increased numbness and tingling in her hands. Physical exam findings reveal positive Phalen's and Tinel's signs bilaterally; tenderness about the thenar eminence; and mild swelling. Current medications are not listed. Provided documents include several previous progress reports, several urine toxicology reports, an operative report, three Agreed Medical Evaluations, and an Agreed Psychiatric Panel Qualified Medical Evaluation. Previous progress reports reveal the patient has been prescribed Tramadol 50mg since at least 03/16/12. The patient's previous treatments include carpal tunnel release surgery, cortisone injections, physical therapy, medications, and acupuncture. Imaging studies provided include an EMG/NCV of bilateral upper extremities, performed on 05/07/13. The impression of this study reveals unremarkable findings. An MRI of right wrist, performed on 05/07/13, is also included and reveals a degenerative tear in the radial

aspect of the triangular fibrocartilaginous complex and a synovial cyst ganglion at the volar radial margin of the distal radial styloid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture; two to three times a week for six weeks: Upheld

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

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

Decision rationale: According to California MTUS guidelines, acupuncture trials of 3-6 treatments are recommended but Acupuncture treatments may be extended if functional improvement is documented. In this case, provided documentation highlights that the patient has had good results with previous acupuncture treatments but the number of sessions completed and any functional improvement obtained as a result is not delineated. Further, the most recent progress note is not included in the documents for review. Due to this lack of documentation, the request for Acupuncture; two to three times a week for six weeks is not medically necessary.

Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: According to California MTUS guidelines, on-going management of opioids consists of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the treating physician does not quantifiably document any functional improvement or pain relief with VAS scores pre- and post-opioid use. There is also no documentation of a pain contract on file or any incurred side effects with medication use. Furthermore, the quantity and frequency of the requested medication is not specified in this request. Lastly, the most recent progress report is not included for review. Due to this lack of documentation, the ongoing use of chronic opioids is not supported by MTUS guidelines and the request for Tramadol is not medically necessary.

Benadryl OTC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Mental Illness and Stress Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Diphenhydramine (Benadryl) & Insomnia treatmentX Other Medical Treatment Guideline or Medical Evidence: Benadryl-<http://www.drugs.com/mtm/benadryl-allergy-cold.html>.

Decision rationale: According to ODG on Diphenhydramine, sedating antihistamines are not recommended for long-term insomnia treatment. Given the patient's date of injury, short-term use is not indicated to benefit the patient. Further, readily available non-habit forming alternatives exist and there is no indication that the patient has failed trials of these alternatives. Furthermore, the quantity and frequency of the requested medication is not specified in this request. Lastly, the most recent progress report is not included for review, and therefore a rationale behind this request is also not provided. For these reasons, medical necessity is not supported and the request for Benadryl OTC is not medically necessary.