

<b>Case Number:</b>	CM14-0076161		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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:

The claimant is a 62-year-old female who injured her neck, shoulders, and bilateral upper extremities as a result of cumulative trauma at work on 07/09/12. The medical records provided for review documented that the claimant has had a considerable course of conservative care consisting of chiropractic measures, acupuncture, extensive physical therapy and medication usage. The clinical progress report of 03/20/14 revealed continued complaints of neck, hand, arm and digit pain and that the claimant was awaiting a trigger thumb release. Physical examination revealed restricted cervical range of motion, weakness of the biceps and triceps, and hypersensitivity at the C5-7 level to light touch. Wrist and hand examination revealed positive Tinel's and Phalen's testing with tenderness to the A1 pulley of the left thumb. The records for review did not document that the claimant received a previous injection of the left thumb. There are current requests for continuation of medications to include Flexeril, Xanax, Norco, Neurontin, Prilosec, a left trigger thumb release, acupuncture and chiropractic measures.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left trigger finger release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 271.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

**Decision rationale:** Based on California ACOEM Guidelines, the request for a left trigger finger release is not recommended as medically necessary. The ACOEM Guidelines recommend that one or two injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger are almost always sufficient to cure symptoms and restore function. There is no documentation of failure of prior conservative treatment including an injection to support the need of surgical process. Typically, trigger fingers are treated conservatively with injections and the absence of documentation of a prior injection as recommended by the ACOEM Guidelines, the request for left trigger finger release is not medically necessary.

**Flexeril 7.5mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do not recommend the continued use of muscle relaxants, specifically Flexeril. There is no documentation of acute clinical findings on examination. While there is noted to be chronic complaints, the guidelines recommend that the use of muscle relaxants is reserved with caution as second line agents for acute symptomatic flare of chronic pain related complaints. There is no documentation that this claimant is experiencing a chronic flare of symptoms. Therefore, the request for Flexeril is not medically necessary.

**Xanax 1mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiaepine Page(s): 24.

**Decision rationale:** Based on the California MTUS Chronic Pain Guidelines, Benzodiazepines are not recommended in the chronic setting. According to the Chronic Pain Guidelines, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Typically, Benzodiazepines, Xanax, are not recommended for use beyond an initial two to four week for symptomatic findings. They are not recommended or supported for chronic pain complaints. The request in this case would not be recommended as medically necessary.

**Norco 10/325mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 91-92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria for Use Page(s): 76-80.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do not support continued use of Norco. The use of this short acting narcotic analgesic has shown limited clinical benefit in this individual with continued and chronic pain related complaints. Without documentation of significant improvement as noted by change in activities or work related status, the continued use of this drug would not be supported. Therefore, the request for Norco is not medically necessary.

**Neurontin 600mg, # 90:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 18.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do not support the continued use of Neurontin. While the claimant has examination findings indicative of carpal tunnel syndrome and possibly change to the upper extremities, there is no documentation of compressive pathology or electrodiagnostic studies indicating compressive neurologic findings that would support continued use of this neuropathic agent. Therefore, the request for Neurontin is not medically necessary.

**Prilosec 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Chapter, Proton Pump Inhibitors

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do not support the continued use of Prilosec. According to the guidelines, this protective proton pump inhibitor would not be indicated in the chronic setting without documentation of significant risk factor for GI related disease. The documentation provided for review does not identify that the claimant has any significant GI risk factor and there is no documentation that the claimant uses nonsteroidal medication use. Therefore, the request for Prilosec is not medically necessary.

**Acupuncture, twice a week for six weeks:** Upheld

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

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

**Decision rationale:** The Acupuncture Guidelines would not support the request for twelve sessions of acupuncture. The Acupuncture Guidelines recommend no more than six sessions of acupuncture to determine its functional benefit. The medical records document that the claimant has already undergone a significant course of acupuncture in the past; the Acupuncture Guidelines recommend no more than one to two months of treatment. Therefore, the request for twelve sessions of acupuncture is not medically necessary.

**Chiropractic therapy, twice a week for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do not support the request for eight additional sessions of chiropractic therapy. According to the guidelines, chiropractic care for the forearm, wrist and hand is not recommended. For cervical or lumbar related complaints, the guidelines recommend a maximum of eight weeks' duration with timeframe to demonstrate functional improvement at four to six sessions. This individual has already undergone chiropractic care as outlined by the medical records and there is no documentation of benefit. The continued use of chiropractic therapy, particularly for the hand and upper extremity for which it is typically not recommended, is not medically necessary.