

Case Number:	CM14-0078204		
Date Assigned:	08/08/2014	Date of Injury:	11/07/2011
Decision Date:	09/22/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/28/2014

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 Management and is licensed to practice in Tennessee. 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:

Patient is a 55-year-old female who has submitted a claim for left shoulder impingement, left epicondylitis, left carpal tunnel syndrome, headache, anxiety, insomnia, and constipation associated with an industrial injury date of 11/7/2011. Medical records from 2012 to 2014 were reviewed. Patient complained of left shoulder pain, graded 4/10 in severity and relieved to 2/10 upon intake of Norco. She denied numbness and tingling sensation. However, patient noted weak grip strength of the left hand. Aggravating factors included movement and activities. Patient reported sleep disturbance secondary to pain, waking up at least twice per night resulting to poor sleep pattern. Patient reported improvement by the use of Remeron. Patient likewise reported feelings of depression due to decreased functionality. Patient reported stomach upset secondary to oral medications. Range of motion of the left shoulder was restricted. Left wrist motion was likewise limited due to pain. There was weakness to resisted function on the left arm, especially at the shoulder. Treatment to date has included left shoulder surgery in 2013, hot/cold modality, left wrist decompression in 2012, and medications such as Remeron, Norco, and Protonix (all since 2013), and Lidoderm patch (since April 2014). Utilization review from 4/30/2014 denied the request for Tens Pad because there was no documentation of at least 3 months of chronic intractable pain warranting use of a TENS unit; denied 2 Braces rigid and soft brace for carpal tunnel because of insignificant subjective and objective findings suggesting recurrent left carpal tunnel syndrome; denied Left upper extremity nerve study because clinical manifestations were not indicative of possible carpal tunnel syndrome; denied Lidoderm Patches 5% #30 because there was no failure of first line therapy; denied Remeron 50mg #30 because of no documented favorable improvement from previous use; and denied Protonix 20mg #60 because patient had no gastrointestinal complications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens Pad: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS in Chronic Pain Page(s): 114, 116.

Decision rationale: As stated on page 114 of CA MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. In this case, patient has been using a TENS unit since 2013. However, there was no documentation concerning pain relief and functional improvement derived from its use. There is no clear indication for certifying TENS supplies at this time. The medical necessity cannot be established due to insufficient information. Therefore, the request for TENS pad is not medically necessary.

2 Braces rigid and soft brace for carpal tunnel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic) Splinting.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Splinting.

Decision rationale: CA MTUS ACOEM Practice Guidelines recommend wrist splinting for acute, subacute, or chronic carpal tunnel syndrome (CTS). The Official Disability Guidelines recommend splinting of wrist in neutral position at night & day prn, as an option in conservative treatment. In this case, patient has a known left carpal tunnel syndrome status post decompression in 2012. However, recent clinical manifestations are not consistent with CTS. There is likewise no discussion as to why two types of braces, i.e, soft and rigid, should be provided in this case. The medical necessity cannot be established due to insufficient information. Therefore, the request for 2 Braces rigid and soft brace for carpal tunnel is not medically necessary.

Left upper extremity nerve study: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Nerve Conduction Studies Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

Decision rationale: CA MTUS ACOEM Guidelines state that appropriate electro diagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, patient has a known left carpal tunnel syndrome status post decompression in 2012. However, recent clinical manifestations are not consistent with CTS. Patient complained of weakness of left grip strength. However, she denied numbness and tingling sensation. There is likewise no objective finding presented to support the diagnosis of carpal tunnel syndrome. The medical necessity cannot be established due to insufficient information. Therefore, the request for NCV of the left upper extremity is not medically necessary.

Lidoderm Patches 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patch Page(s): 56-57.

Decision rationale: Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, patient has been on lidocaine patch since April 2014. However, there was no documentation concerning pain relief and functional improvement derived from its use. Moreover, there was no documentation that the patient was initially prescribed first-line therapy. Guideline criteria were not met. Therefore, the request for Lidoderm Patches 5% #30 is not medically necessary.

Remeron 50mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Insomnia Treatment.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the Official Disability Guidelines (ODG) was used instead. As stated on ODG Pain Section, pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. The specific component of insomnia should be addressed in terms of: sleep onset, sleep maintenance, sleep quality and next-day functioning. Sedating antidepressant, such as mirtazapine (Remeron), has been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. In this case, the patient has been on Remeron since 2013 due to insomnia secondary to chronic pain. Patient likewise presented with symptoms of depression. She reported waking up at least twice per night resulting to poor sleep pattern, however, noted improvement by the use of Remeron. The medical necessity for continuing its treatment has been established. Therefore, the request for Remeron 50mg, #30 is medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and cardiovascular risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, the patient reported stomach upset secondary to intake of multiple oral medications. Patient was prescribed Protonix since 2013. However, there was no documentation concerning pain relief and functional improvement derived from its use. The medical necessity cannot be established due to insufficient information. Therefore, the request for Protonix 20mg #60 is not medically necessary.