

Case Number:	CM14-0189364		
Date Assigned:	11/20/2014	Date of Injury:	09/30/1997
Decision Date:	01/09/2015	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/13/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for wrist and ankle pain reportedly associated with an industrial injury of September 30, 1997. In a Utilization Review Report dated October 28, 2014, the claims administrator denied a request for wrist splint, denied a request for ankle braces, denied Duexis, denied Dexilant, and denied Cymbalta. Non-MTUS ODG Guidelines were invoked to deny almost all the request, including the splints, braces, Duexis, and Dexilant, despite the fact that the MTUS seemingly addressed most (if not all) of the issues at hand. The claims administrator stated that its decisions were based on an October 8, 2014 progress note. The applicant's attorney subsequently appealed. In a May 28, 2014 progress note, the applicant reported ongoing complaints of shoulder and neck pain. The applicant apparently had a previously diagnosed shoulder rotator cuff tear. 6-8/10 ankle and foot pain was appreciated. The applicant was able to do some laundry and cook for short amounts of time but could not do any pulling, pushing, vacuuming, sweeping, or mopping. The applicant was status post bilateral carpal tunnel release surgery, left foot plantar fascial release surgery, right foot surgery, lumbar spine surgery, knee arthroscopy, thumb reconstruction surgery, and left knee arthroscopy, it was noted. The applicant had also undergone manipulative therapy, acupuncture, Epidural Steroid Injection therapy, physical therapy, Trigger Point Injections, And Facet Injections, it was noted. The applicant was not working. The applicant was unemployed, at age 70, it was suggested in one section of the report. The applicant had already been declared permanent and stationary and had taken retirement in 2000, it was further noted. The applicant was using Duexis, Dexilant, Keppra, Cymbalta, Hydrochlorothiazide, and Pravachol. The applicant denied any vomiting, diarrhea, or constipation in the review of systems, it was noted. The applicant was given diagnoses of lumbar neuritis, postlaminectomy syndrome, cervical disk degeneration, and plantar fasciitis. It was stated that the applicant would

increase her dosage of Keppra and employ topical compounds. It was stated in another section of the note that Cymbalta, Dexilant, Duexis, hydrochlorothiazide, Ativan, and Sonata were all being discontinued. It appeared, thus, that the note was internally inconsistent. On October 8, 2014, the applicant presented to obtain a renewal of her gym membership. The applicant stated that she needed new wrist splints, thumb spica splints, and new ankle braces. The applicant discontinued Keppra several months prior and did not want to go on it despite some heightened neuropathic pain complaints. The applicant stated that she needed refills of Cymbalta, Dexilant, and Duexis. The applicant stated that her proton pump inhibitors were working to help relieve her inflammation and help her stomach, implying that she had issues with dyspepsia in the past. The applicant was not working. Highly variable 3-7/10 pain was reported. It was stated in one section of the note that the applicant was employed at [REDACTED] while another section of the note stated that the applicant was permanent and stationary and a third section of the note stated that the applicant was not currently working. The applicant was reportedly swimming and walking three to four times a week, it was suggested. The applicant denied any issues with depression or anxiety, it was suggested in the review of systems section of the note. The applicant was status post right carpal tunnel release surgery, it was further noted. Wrist splint and ankle braces were sought. The applicant's gait was not clearly described, although the applicant did exhibit 5/5 lower extremity strength, it was suggested. A gym membership was also sought. In an August 10, 2014 progress note, the applicant reported ongoing complaints of neck and low back pain. The applicant stated that Dexilant was helping attenuate her reflux and that Duexis was helping to ameliorate her pain, improve her ability to perform aquatic therapy-based exercises, dress herself, drive, cook, and do some basic household chores such as laundry. It was acknowledged that the applicant was not working. The applicant was status post recent cervical epidural steroid injection on July 22, 2014, it was further noted. The applicant exhibited hypo-sensorium about the right arm and had earlier electrodiagnostic testing about the left upper extremity which is notable for carpal tunnel syndrome of the same, it was noted. The applicant apparently was diabetic and had a most recent hemoglobin A1c of 6.9, it was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrist Splints: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Wrist, and hand

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7, page 272.

Decision rationale: The information on file points to the applicant carrying diagnosis of bilateral carpal tunnel syndrome superimposed upon likely ongoing issues with diabetic neuropathy. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, splinting is "recommended" as a first-line conservative treatment for carpal tunnel syndrome, the diagnosis

reportedly present here. Introduction of splint was/is indicated on and around the date in question. Therefore, the request for Wrist Splints is medically necessary.

Ankle Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle & Foot

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Table 14-6, page 376.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-6, page 376, the prolonged usage of supports or ankle braces without exercise is deemed "not recommended," owing to the risk of debilitation. In this case, it was not clearly stated why the applicant needed to employ ankle braces on or around the date in question, October 8, 2014, i.e., several years removed from the date of injury. There was no mention of any acute ankle sprain, acute worsening and underlying ankle and/or foot pain complaint, gait derangement, and/or ankle instability issues which would have compelled provision of the ankle braces in question. In short, the attending provider did not furnish any compelling applicant-specific rationale which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request for Ankle Brace is not medically necessary.

Duexis 800 -26.6mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, H2 receptor antagonists such as famotidine are endorsed in the treatment of NSAID-induced dyspepsia, as was present here on or around the date of service. The applicant reported on August 5, 2014 that the combination of Duexis and Dexilant was attenuating her symptoms of reflux and was, furthermore, ameliorating her pain complaints. Ongoing usage of Duexis, the applicant posited, was reducing her pain scores and ameliorating her ability to perform various activities of daily living, including exercise three to four times a week at a gym, cook, drive, and perform other daily chores. Continuing the same, on balance, was therefore indicated. Accordingly, the request for Duexis 800 -26.6mg #30 is medically necessary.

Dexilant 60mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Dexilant are indicated to combat issues with NSAID-induced dyspepsia which were present on August 5, 2014, i.e., just before the date in question, October 8, 2014. Ongoing usage of Dexilant had successfully attenuated the applicant's symptoms of reflux, the requesting provider posited on August 5, 2014. Continuing the same, on balance, was therefore indicated. Accordingly, the request for Dexilant 60mg #30 is medically necessary.

Cymbalta 50mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 15.

Decision rationale: As noted on page 15 of the MTUS Chronic Pain Medical Treatment Guidelines, Cymbalta is FDA approved in the treatment of diabetic neuropathy, one of the diagnoses reportedly present here and can, furthermore, be employed off-label for radiculopathy, another diagnosis reportedly present here. The applicant is having complaints of neck pain with associated upper extremity paresthesias, either a function of cervical radiculopathy and/or superimposed diabetic neuropathy. Introduction and/or ongoing usage of Cymbalta has attenuated the applicant's neuropathic pain complaints and has, furthermore, ameliorated the applicant's ability to perform home exercises, cook, drive, and perform other activities of daily living. Continuing the same, on balance, was/is indicated. Therefore, the request for Cymbalta 50mg #30 is medically necessary.