

Case Number:	CM14-0200846		
Date Assigned:	12/11/2014	Date of Injury:	07/06/2004
Decision Date:	01/28/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/01/2014

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:

This is a 43 year old female with a 7/6/04 injury date. In a 7/17/14 note, the patient complained of constant right wrist pain and numbness and tingling in the fingers. Objective findings included right wrist tenderness, positive Phalen's test, positive Tinel's sign, and slightly reduced right wrist range of motion. Diagnostic impression: right carpal tunnel syndrome. Treatment to date: medications, rest, heat, activity modification, and bracing. A UR decision on 11/5/14 denied the request for right carpal tunnel release surgery because there was documentation of an EMG or previous conservative care. There was no documentation or evidence of previous UR decisions involving Ambien, topic cream, Norco, Proove Narcotic risk test, or urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release Surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Carpal Tunnel Syndrome

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Carpal Tunnel Syndrome Chapter--Carpal tunnel release.

Decision rationale: California MTUS criteria for carpal tunnel release include failure of non-operative treatment or severe symptoms such as continuous tingling and numbness; most patients should have had at least 1 glucocorticosteroid injection; and patients who do not have a glucocorticosteroid injection that results in at least partial benefit should have an electrodiagnostic study (EDS) consistent with CTS. However, there was no evidence of an electrodiagnostic study and the physical exam was not very detailed. There was no evidence of previous physical therapy or cortisone injection. As a result, medical necessity of the procedure was not established. Therefore, the request for right carpal tunnel release surgery is not medically necessary.

Ambien 10mg for sleeplessness: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter--Ambien. Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien).

Decision rationale: California MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. However, there was no evidence of a previous UR decision concerning Ambien. Therefore, the request for Ambien 10 mg for sleeplessness is not medically necessary.

Analgesic Topical Cream for pain and inflammation relief: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

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

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines state that there is little to no research to support the use of NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor in topical compound formulations. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, there remains sparse documentation as to why the prescribed compound formulation would be required despite adverse evidence. In addition, there was no evidence of a previous UR decision concerning topical analgesic cream. Therefore, the request for analgesic topical cream for pain and inflammation relief is not medically necessary.

Norco 10/325mg for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there was no evidence of a previous UR decision concerning Norco. Therefore, the request for Norco 10/325 mg for pain is not medically necessary.

Retrospective Proove Narcotic Risk Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80,94.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Trescot AM, Faynboym S. A review of the role of genetic testing in pain medicine. Pain Physician. 2014 Sept-Oct;17(5):425-45.

Decision rationale: California MTUS does not address this issue. The Proove Narcotic Risk Test is a genetic narcotic risk profile that identifies patients at elevated risk for misuse of narcotics with an 80% positive predictive value. However, there was no evidence of a previous UR decision concerning a Proove Risk Test, or any indication that the patient had this test in the past. Therefore, the request for retrospective Proove narcotic risk test is not medically necessary.

Retrospective Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Drug Testing Page(s): 43, 78.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. However, there was no evidence of a previous UR decision concerning a urinalysis for drug screening. Although the clinical note showed that the provider did request a urine drug screen, there was no indication that the patient actually had the test done. Therefore, the request for retrospective urinalysis is not medically necessary.

