

Case Number:	CM14-0036826		
Date Assigned:	06/25/2014	Date of Injury:	05/10/2011
Decision Date:	04/20/2015	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 49-year-old female who reported an injury on 05/10/2011. The mechanism of injury was not provided. The documentation of 02/24/2014 revealed the injured worker had complaints of pain in her left wrist and low back. The injured worker was noted to have some intermittent leg pain rated at 5/10 to 6/10. The injured worker was utilizing vitamin D 50,000 IU and the injured worker indicated Robaxin and Motrin did not help. The physical examination of the left hand and wrist revealed the injured worker had a fixed flexion contracture of the metacarpophalangeal and proximal and distal interphalangeal joint. The radial and ulnar deviations were only 10 degrees. The wrist flexion and extension were 30 degrees. The injured worker underwent 2 procedures, including an injection of vitamin B12 complex and an injection of 2 mL Depo-Medrol mixed with 2 mL Kenalog. The x-rays of the left hand revealed a widened lunate navicular space and near total necrosis of the thumb carpometacarpal joint. There was osteopenia. The distal ulna was slightly deformed and slightly dorsally oriented. The diagnosis included status post previous bilateral carpal tunnel releases, bilateral upper extremity overuse tendinopathy, and left elbow epicondylitis status post left elbow surgery. The treatment plan included a hand therapy program and acupuncture. The physician indicated the injured worker's hand neurologically and carpal tunnel syndrome had improved, although there was an increase in hand numbness. The documentation indicated the injured worker was in need of pain control and the injured worker was therefore prescribed hydrocodone for hand and wrist pain. Additionally, it was indicated the injured worker was in need of a surgical consultation for her hand. The injured worker was noted to perform a urinalysis. The medication that was prescribed

was hydrocodone/APAP 10/325 mg. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight acupuncture visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 - 6 treatments. The clinical documentation submitted for review failed to support a necessity for 8 visits. Additionally, the request as submitted failed to indicate the body part to be treated with acupuncture. Given the above and the lack of documentation, the request for 8 acupuncture visits is not medically necessary.

1 hand specialist consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that a surgical consultation is appropriate for patients who have a failure to respond to conservative management and who have clear clinical and special study evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination and had objective findings upon x-ray. However, there was a lack of documentation of conservative management and there was a lack of documentation indicating that the injured worker was being referred for surgical intervention. Given the above, the request for 1 hand specialist consultation is not medically necessary.

1 prescription for Hydrocodone/APAP 10-325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids Page(s): 76, 77.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that therapeutic trial of opioids should not be employed until the injured worker has failed a trial of nonopioid analgesics. Before initiating therapy, the injured worker should set goals and the continued use of opioids should be contingent upon meeting these goals. Baseline pain and functional assessments should be made including social, physical, psychological, daily, and work activities and should be performed using a validated instrument or numerical rating scale and the pain related assessment should include the history of pain treatment and effective pain function. The injured worker should have at least 1 physical and psychosocial assessment by the treating physician to assess whether a trial of opioids should occur. The clinical documentation submitted for review indicated the injured worker was having pain. However, there was a lack of documentation of baseline pain and functional assessment, including social, physical, psychological, daily and work activities, and there was a lack of documentation of a psychosocial assessment to indicate whether a trial of opiates should occur. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of hydrocodone/APAP 10/325 mg #60 is not medically necessary.

Retro: 1 intramuscular injection of vitamin B-12 complex between 2/24/2014 and 2/24/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that vitamin B6 is often used in carpal tunnel syndrome when it is perceived to be deficient, but this practice is not supported by medical evidence. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for retro: 1 intramuscular injection of vitamin B-12 complex between 2/24/2014 and 2/24/2014 is not medically necessary.

Retro: 1 intramuscular injection of 2 cc of kenalog and 2 cc of depo medrol between 2/24/2014 and 2/24/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 73.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that lidocaine and corticosteroid injections are appropriate for the treatment of carpal tunnel syndrome. There was a lack of documentation of the body part to be injected. Given the above, the request for retro: 1 intramuscular injection of 2 cc of kenalog and 2 cc of depo medrol between 2/24/2014 and 2/24/2014 is not medically necessary.