

<b>Case Number:</b>	CM15-0103485		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	03/23/2015
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 56 year old female, who sustained an industrial injury on 03/23/2015. The injured worker reported neck pain, bilateral trapezius pain, bilateral wrist pain and right forearm pain while performing normal and usual duties. She was noted to have carpal tunnel syndrome. On Doctors First Report of Occupation, injury or Illness Report visit dated 04/22/2015 the injured worker has reported neck pain, right forearm pain, bilateral wrist/hand pain, and sleep difficulty. On examination of the cervical spine revealed tenderness to palpation with spasms over the paraspinal musculature and trapezius muscles bilaterally. Axial compression test produced localized pain; range of motion was noted to be decreased. Bilateral wrists were noted to have tenderness to palpation over the flexor and extensor tendons. Tinel's and Phalen test was positive, bilaterally. The diagnoses have included cervical/trapezius musculoligamentous sprain/strain with bilateral upper extremity radiculitis and bilateral wrist flexor/extensor tendinitis with carp tunnel syndrome. Treatment to date has included physical therapy, wrist brace, massage, acupuncture and medication. The provider requested physical therapy-12 sessions- 3 times wkly for 4 wks, interferential unit-home use, updated electrodiagnostic studies and bilateral upper extremities, Neurontin 600mg and Sonata 10mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 12 sessions, 3 times wkly for 4 wks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Original reviewer modified request from 12 sessions to 2 sessions. Physical therapy, 12 sessions, 3 times wkly for 4 wks is not medically necessary.

**Interferential unit, Home use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

**Decision rationale:** According to the MTUS an interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. A TENS unit without interferential current stimulation is the recommended treatment by the MTUS. Interferential unit, Home use is not medically necessary.

**Updated, Electrodiagnostic studies, Bilateral Upper Extremities:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Nerve conduction studies (NCS).

**Decision rationale:** The Official Disability Guidelines do not recommended repeat electrodiagnostic studies to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already

presumed to have symptoms on the basis of radiculopathy. Updated, Electrodiagnostic studies, Bilateral Upper Extremities is not medically necessary.

**Neurontin 600 mg Qty 60, to be taken 3 times daily:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 19.

**Decision rationale:** The MTUS states that Neurontin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for Neurontin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Neurontin 600 mg Qty 60 is not medically necessary.

**Sonata 10 mg Qty 30, to be taken at bedtime:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Insomnia, Zaleplon.

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

**Decision rationale:** Zaleplon (marketed under the brand names Sonata, Starnoc and Andante) is a sedative-hypnotic, almost entirely used for the management/treatment of insomnia. It is a nonbenzodiazepine hypnotic from the pyrazolopyrimidine class. The Official Disability Guidelines do not recommend the long-term use of any class of sleep aid. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Sonata 10 mg Qty 30 is not medically necessary.