MAXIMUS Federal Services

Case Number:	CM15-0129888		
Date Assigned:	09/01/2015	Date of Injury:	11/19/2014
Decision Date:	11/19/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/06/2015

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: New York
Certification(s)/Specialty: Pediatrics, Internal 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 41 year old female, who sustained an industrial injury on 11-19-2014. She reported developed bilateral hand-wrist pain with numbness and tingling from repetitive activities. Diagnoses include bilateral wrist sprain-strain, bilateral carpal tunnel syndrome, and insomnia. Treatments to date include activity modification, anti-inflammatory, Ultram HCL, Prilosec, and physiotherapy. Currently, she complained of bilateral wrist pain and loss of sleep due to pain. Pain was rated 8 out of 10 VAS and noted to be "relieved with medication". The medical records included electrodiagnostic studies dated 9-22-14 that documented abnormal NCS suggestive of median nerve entrapment (bilateral carpal tunnel syndrome) of bilateral wrists and mild C5-6 radiculopathy on the right side. On 5-26-15, the physical examination documented decreased range of motion in bilateral wrists. There was a positive Tinel's test bilaterally. The plan of care included physiotherapy and topical compound creams. The appeal requested authorization for twelve acupuncture treatments for the right wrist, and twelve acupuncture treatments for the left wrist; six chiropractic therapy sessions; urinalysis, and prescriptions for Flurbiprofen 20% + Baclofen 10% + Dextromethorphan 2% in cream base; and Gabapentin 10% + Amitriptyline 10% + Bupivacaine 5% in cream base. The Utilization Review dated 6-3-15, denied these requests indicating the documentation submitted did not support that California MTUS, ACOEM Guidelines, and-or ODG Guidelines had been met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture of right wrist x12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand - Acupuncture.

Decision rationale: Acupuncture treatment guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. 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. Per ODG guidelines, acupuncture for the wrist is not recommended. Rarely used and recent systematic reviews do not recommend acupuncture when compared to placebo or control. The request is not medically necessary and appropriate.

Acupuncture of left wrist x12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand - Acupuncture.

Decision rationale: Acupuncture treatment guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. 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. Per ODG guidelines, acupuncture for the wrist is not recommended. Rarely used and recent systematic reviews do not recommend acupuncture when compared to placebo or control. The request is not medically necessary and appropriate.

Urinalysis x2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: MTUS & ODG guidelines state that urine drug testing should be used in ongoing monitoring, If a patient has evidence of a "high risk" of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts and if dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. None of these criteria are mentioned in the supplied documentation. This request is not medically necessary.

Chiropractic x 6 sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) - manipulation.

Decision rationale: Per ODG guidelines, chiropractic manipulation is not recommended. Manipulation has not been proven effective in high quality studies for patients with pain in the hand, wrist, or forearm, but smaller studies have shown comparable effectiveness to other conservative therapies. Results of a single study suggest that manual therapy may have some use in the treatment of carpal tunnel syndrome. Trials of magnet therapy, laser acupuncture, exercise or chiropractic care did not demonstrate symptom benefit when compared to placebo or control. There is limited evidence that medical care over nine weeks improves physical distress in the short-term when compared with chiropractic treatment. Limited evidence also suggests that chiropractic and medical treatment provide similar short-term improvement in mental distress, vibrometry, hand function and health-related quality of life. The request is not medically necessary.

Physiotherapy x 6 sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) - Physical/ Occupational therapy.

Decision rationale: Per ODG guidelines, physical therapy is recommended for treatment of wrist and hand injuries. The guidelines for carpal tunnel syndrome with medical treatment are 1-3 visits over 3-5 weeks. The request is for 6 visits which exceed the guideline recommendations. The request is not medically necessary and appropriate.

Flurbiprofen 20%/ Baclofen 10%/ Dextromethorphan 2% in cream base: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Topical analgesics are indicated for treatment of osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short-term use. Dexamethasone, flurbiprofen and baclofen are not FDA approved for topical use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This request is not medically necessary and appropriate.

Gabapentin 10%/ Amitriptyline 10%/ Bupivacaine 5% in cream base: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Bupivaccine, amitripyline, gabapentin are not FDA approved for topical use. This request is not medically necessary and appropriate.