

Case Number:	CM15-0133210		
Date Assigned:	07/21/2015	Date of Injury:	11/12/2013
Decision Date:	09/10/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/09/2015

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: Oregon
 Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 59 year old female, who sustained an industrial injury on 11/12/2013. According to a progress report dated 06/02/2015, the injured worker continued to note left lateral elbow pain with radiation into the forearm and left medial elbow pain with clicking and numbness and tingling into her fourth and fifth digits. She also reported left arm weakness. Wearing a brace reduced the pain. Physical examination demonstrated right elbow extension 180 degrees. Left was 170 degrees with slight pain. Right supination was 90 degrees and left was 60 degrees with pain. There was tenderness along the left ulnar nerve at the cubital tunnel and radial nerve at the lateral elbow. There was 4/5 weakness in the left extensor digitorum, first DI, abductor digiti, full strength on the right, abductor pollicis opponens and resisted left elbow supination caused pain. Psychological testing indicated minimal depression and anxiety. Impression included status post lateral epicondylar surgery on 11/12/2014, left ulnar and radial mononeuropathy at the elbows and improved left musculocutaneous neuropathy. The treatment plan included continuation of Nortriptyline 10 mg at bedtime and Norco 5/325 mg as needed and Neurontin 300 mg by mouth twice a day to reduce neuropathic pain. The provider noted that the injured worker required a left nerve transposition and radial nerve decompression as soon as possible. She remained on total temporary disability. Currently under review is the request for left radial nerve decompression and ulnar nerve transposition, Norco 5/325 mg #30 and Nortriptyline 10 mg #30. A progress report dated 05/12/2015, shows that the injured worker was started on Nortriptyline 10 mg in the evening to assist with sleep. There were no complaints of insomnia documented in that report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left radial nerve decompression and ulnar nerve transposition: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37.

Decision rationale: The patient has hand pain and numbness. Per the ACOEM guidelines, page 37, Elbow Complaints, surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. A decision to operate requires significant loss of function, as reflected in significant activity limitations due to the nerve entrapment and that the patient has failed conservative care, including full compliance in therapy, use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, workstation changes (if applicable), and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. Before proceeding with surgery, patients must be apprised of all possible complications, including wound infections, anesthetic complications, nerve damage, and the high possibility that surgery will not relieve symptoms. Absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate. The patient's nerve conduction test from 9/2/14 showed mild carpal tunnel but no evidence for ulnar or radial nerve compression. ACOEM requires positive nerve tests before proceeding with surgery. Radial tunnel release is not medically necessary. The patient's nerve conduction test from 9/2/14 showed mild carpal tunnel but no evidence for ulnar or radial nerve compression. Per ACOEM: "Quality studies are not available on surgical treatment for radial nerve entrapment and there is no evidence of its benefits. If, after at least 3 to 6 months of conservative treatment, the patient fails to show signs of improvement, surgery may be a reasonable option if there is unequivocal evidence of radial neuropathy that includes positive electrodiagnostic studies and objective evidence of loss of function as outlined above. Surgical options are invasive, have adverse effects, and are high cost. Surgery is recommended for carefully selected patients" Absent positive nerve tests, medical necessity is not confirmed.

Norco 5/325mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Nortriptyline 10mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13.

Decision rationale: The patient has chronic pain. Per MTUS: "Antidepressants for chronic pain recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken." The patient has chronic pain that has not resolved with surgical interventions, and nortriptyline, as an anti-depressant, is recommended as a first line treatment. Therefore this request is medically necessary.