

Case Number:	CM15-0168369		
Date Assigned:	09/09/2015	Date of Injury:	05/30/2007
Decision Date:	10/13/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/26/2015

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: 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 48 year old female, who sustained an industrial injury on May 30, 2007. She is currently diagnosed with bilateral carpal tunnel syndrome, post bilateral carpal tunnel releases with revision right carpal tunnel release and multiple trigger fingers (post right D1 and D3 trigger finger releases). Her work status is permanent and stationary. Currently, the injured worker complains of constant, slight to severe pain, numbness and tingling in both of her hands and wrists. The pain is increased by prolonged or strenuous use of her hands and wrists. An examination on July 28, 2015 reveals range of motion to the wrists bilaterally is within normal limits, her hands and fingers; however, demonstrate decreased range of motion. The exam also reveals tenderness in the right second knuckle and the third knuckles of both hands. Treatment to date has included bilateral carpal tunnel release in 2007, which improved the numbness and tingling, but not the pain. Electrodiagnostic studies in 2010 revealed moderate right and mild left carpal tunnel syndrome resulting in an additional surgery to the right wrist. Her current medication regimen, which consists of MS Contin 15 mg (every six hours), Norco 10-325 mg (four times a day as needed) and Neurontin 300 mg (two tablets four times a day), are not providing adequate pain relief; however she is currently on a tapering schedule. She reports a 50% reduction in pain and rates the reduction from 8-9 on 10 to 4-5 on 10 with medication. The injured worker is unable to tolerate Ibuprofen as it results in irritability. A utilization review letter dated August 26, 2015 modified the following requests to Norco 10-325mg #60 (was #120), MS Contin 15 mg #60 (was #120) and one follow up appointment and Cortisone

injections to the wrists time one (was follow up appointment and cortisone injections to the wrists).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The current request is for Norco 10/325mg #120. The RFA is dated 08/19/15. Treatment to date has included bilateral carpal tunnel release in 2007, physical therapy, and medications. The patient is not working. MTUS, Criteria Use for Opioids Section, pages 88 and 89 states, 'Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument.' MTUS, Criteria Use for Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as 'pain assessment' or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria Use for Opioids Section, p77, states that 'function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale.' MTUS, Medication for Chronic Pain Section, page 60 states that 'Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity.' Per report 07/28/15, the patient presents with of constant pain, numbness and tingling in both of her hands and wrists. Examination revealed decreased range of motion, positive Tinel's and Phalen's testing bilaterally, and tenderness in the right thenar eminence and at the right second MCP joint. Her current medication regimen consists of MS Contin 15 mg (every six hours), Norco 10-325 mg (four times a day as needed) and Neurontin 300 mg (two tablets four times a day). It was noted that the patient does not find the current dosing quite adequate, but she is currently on a tapering schedule. The patient has reported that the combination of her opiate medications reduce her pain by 50%. This is the only report provided for review. MTUS requires appropriate discussion of all the 4A's; however, the treater does not discuss how this medication significantly improves patient's activities of daily living. There are no documentation regarding adverse effects and aberrant drug behavior. No UDS, CURES or opioid contract are provided. Given the lack of documentation as required by MTUS, the request does not meet guidelines indication. Therefore, the request IS NOT medically necessary.

MS Contin 15mg extended #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The current request is for MS Contin 15mg extended #120. The RFA is dated 08/19/15. Treatment to date has included bilateral carpal tunnel release in 2007, physical therapy, and medications. The patient is not working. MTUS, Criteria Use for Opioids Section, pages 88 and 89 states, 'Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument.' MTUS, Criteria Use for Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as 'pain assessment' or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria Use for Opioids Section, p77, states that 'function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale.' MTUS, Medications for Chronic Pain Section, page 60 states that 'Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity.' Per report 07/28/15, the patient presents with of constant pain, numbness and tingling in both of her hands and wrists. Examination revealed decreased range of motion, positive Tinel's and Phalen's testing bilaterally, and tenderness in the right thenar eminence and at the right second MCP joint. Her current medication regimen consists of MS Contin 15 mg (every six hours), Norco 10-325 mg (four times a day as needed) and Neurontin 300 mg (two tablets four times a day). It was noted that the patient does not find the current dosing quite adequate, but she is currently on a tapering schedule. The patient has reported that the combination of her opiate medications reduce her pain by 50%. This is the only report provided for review. MTUS requires appropriate discussion of all the 4A's; however, the treater does not discuss how this medication significantly improves patient's activities of daily living. There are no documentation regarding adverse effects and aberrant drug behavior. No UDS, CURES or opioid contract are provided. Given the lack of documentation as required by MTUS, the request does not meet guidelines indication. Therefore, the request IS NOT medically necessary.

Follow up appointment and cortisone injections to the wrists: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic) Chapter under Injections and Other Medical Treatment Guidelines ACOEM, Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: The current request is for Follow up appointment and cortisone injections to the wrists. The RFA is dated 08/19/15. Treatment to date has included bilateral carpal tunnel release in 2007, physical therapy, and medications. The patient is not working. ACOEM

Guidelines, chapter 12, low back, page 303, has the following regarding follow-up visits, "Patients with potentially work-related low back complaints should have follow-up every 3 to 5 days by mid-level practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns." ACOEM guidelines, Forearm, Wrist, and Hand Complaints 2004, chapter 11 page 265: "Most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. The exception is corticosteroid injection about the tendon sheaths or, possibly, the carpal tunnel in cases resistant to conservative therapy for 8 to 12 weeks." ODG-TWC, Carpal Tunnel Syndrome (Acute & Chronic) Chapter under Injections states: Recommend a single injection as an option in conservative treatment. Corticosteroid injections will likely produce significant short-term benefit, but many patients will experience a recurrence of symptoms within several months after injection. In mild cases wait four to six weeks before consider injection, but sooner in severe cases, given the success of surgery, and the success/predictive value of injections. Therapy decisions should branch based on mild versus severe. Per report 07/28/15, the patient presents with of constant pain, numbness and tingling in both of her hands and wrists. Examination revealed decreased range of motion, positive Tinel's and Phalen's testing bilaterally, and tenderness in the right thenar eminence and at the right second MCP joint. This is the only report provided for review. There is no indication of prior injection to the wrists and follow up visits are support by ACOEM. In this case, the patient continues with symptoms to the bilateral wrists despite conservative care; and the patient has a diagnosis of bilateral CTS. A trial injection at this juncture and a follow up visit are reasonable and supported by ACOEM and ODG. Therefore, this request IS medically necessary.