

Case Number:	CM15-0168403		
Date Assigned:	09/09/2015	Date of Injury:	11/28/2009
Decision Date:	10/26/2015	UR Denial Date:	08/07/2015
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, 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 58-year-old female, who sustained an industrial injury on 11-28-2009. She has reported injury to the left shoulder and bilateral wrists. The diagnoses have included history of right carpal tunnel syndrome, status post decompression, on 09-19-2013; left carpal tunnel syndrome, status post decompression, on 02-05-2013; left shoulder joint pain; and repetitive strain injury. Treatment to date has included medications, diagnostics, bracing, acupuncture, and surgical intervention. Medications have included Norco, Voltaren Gel, Gabapentin, Meloxicam, and Tramadol. A progress report from the treating physician, documented an evaluation with the injured worker. The injured worker reported intermittent pain in the both hands and shoulders; the pain is rated at 8 out of 10 in intensity; she complains of pain, numbness, and weakness; the pain is worse with lifting, pushing, and pulling with repetitive motion; she is taking Tramadol as needed for pain during the day, and Norco for severe pain at night; she is using the Voltaren cream as needed; and she is working with restrictions. Objective findings included tenderness at the bilateral shoulder joints; limited range of motion bilaterally; sensation and deep tendon reflexes are intact in the upper extremities; Hawkins and Neer's tests are positive bilaterally; there is tenderness over the lateral epicondyle; inspection of the wrists showed well-healed surgical scars bilaterally; no tenderness is noted; Tinel's sign is positive on the right side; and there is weak grip strength bilaterally. The treatment plan has included the request for acupuncture right hand 2 times a week for 3 weeks; Hydrocodone-Acetaminophen (Norco) 5-325mg take 1 tablet twice a day #60; Gabapentin (Neurontin) 2-3 capsules at hour of sleep 100mg #100 refills 3; Meloxicam 7.5mg take 1-2 tablets every morning for hand pain #100 refills 3; and referral to Ortho for second opinion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture right hand 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to the MTUS guidelines, acupuncture can be considered when pain medications are not tolerated, or reduced. It may also be used as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. Typical time frame needed to produce functional benefit is 3-6 sessions. Within the submitted documentation, it is noted that the injured worker has had at least 30 sessions of acupuncture to date, with no mention of specific pain score improvements, or improvements in function or ability to perform ADLs. Guideline recommendations have already been exceeded as guidelines do support a maximum of 24 sessions. This request is not medically necessary.

Hydrocodone-Acetaminophen (Norco) 5/325mg irak 1 tablet twice a day #60: 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): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The California MTUS guidelines allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. Within the submitted records, there is insufficient documentation that meets the above criteria. Ongoing use is not supported and as such, this request is non-certified.

Gabapentin (Neurontin) 2-3 capsules HS 100mg #100 refills 3: 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): Antiepilepsy drugs (AEDs).

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. There should be documentation of pain relief, and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The California MTUS also states that Gabapentin, an anti-epileptic drug, is effective for the treatment of painful diabetic neuropathy and/or post-herpetic neuralgia, and is considered a first line agent for the treatment of neuropathic pain. Within the submitted documentation, there is evidence of neuropathic pain, but no clear description of how Gabapentin has alleviated pain using validated measures, or improved function or ability to perform ADLs. With these issues in mind, this request cannot be supported at present time.

Meloxicam 7.5mg take 1-2 tablet every morning for hand pain #100 refills 3: 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: As per MTUS Chronic Pain Guidelines, NSAIDs are useful for osteoarthritis related pain. Due to side effects, and risks of adverse reactions, MTUS recommends as low a dose as possible for as short a course as possible. Acetaminophen should be considered initial therapy in those with mild to moderate osteoarthritic pain. Within the documentation available for review, there is mention of chronic pain but there is no mention of how Meloxicam has improved pain scores using validated measures, improved ability to perform ADLs, or improved functional mobility and/or ability to perform work with fewer restrictions. This request is not medically necessary.

Referral to Ortho for second opinion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines 2nd Edition (2004) Chapter 7) page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, office visits.

Decision rationale: The CA MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialists if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when a plan or course of care may benefit from additional expertise. Per medical practice standard of care criteria, further evaluation is medically appropriate when diagnostic and

therapeutic management has been exhausted within the physician's scope of practice. The Official Disability Guidelines state that the need for a clinical office visit with a healthcare provider is individualized based on a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the submitted documentation, diagnostic and therapeutic management has not been exhausted within the physician's scope of practice. At this time, medical necessity has not been established.