

Case Number:	CM15-0183015		
Date Assigned:	09/23/2015	Date of Injury:	08/26/2003
Decision Date:	11/02/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/17/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic 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 46 year old female, who sustained an industrial injury on 8-26-2003. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome, bilateral ulnar nerve entrapment, bilateral lateral epicondylitis, and left shoulder impingement syndrome. On 7-30-2015, the injured worker reported bilateral wrist and hand pain with swelling and numbness, especially at the joints of hands and left shoulder pain, neck pain radiating into both arms, with arm pain associated with numbness and tingling, and suffering from insomnia secondary to pain. The Primary Treating Physician's report dated 7-30-2015, noted the injured worker had a carpal tunnel release in the past but the pain in both hands had returned, with the medications helpful in alleviating some of the pain. The injured worker was provided with Fexmid, Nalfon, Paxil, Prilosec, Ultram ER, Norco, and Restoril. Examination of the cervical spine was noted to reveal tenderness to palpation in the cervical paraspinal musculature with decreased range of motion (ROM) secondary to pain and stiffness, and positive Spurling's sign bilaterally. The left shoulder was noted to have tenderness to palpation over the acromioclavicular joint line with decreased range of motion (ROM) secondary to pain and stiffness and positive Neer's, Hawkin's, and O'Brien's tests. The examination of the bilateral elbows was noted to show tenderness to palpation over the lateral epicondyle with positive Tinel's sign over the ulnar nerve bilaterally with positive Mill's sign bilaterally. Positive Tinel's and Phalen's signs were noted bilaterally on examination of the bilateral wrists and hands. Sensation was diminished to light touch and pinprick at the bilateral median nerve distribution. Prior treatments have included bracing, physical therapy, splinting,

and medication. The treatment plan was noted to include continued medications for symptomatic relief of the injured worker's pain, including Fexmid, Lunesta, Nalfon, Paxil, prescribed since at least march 26, 2015, Prilosec, Ultram ER, and Norco, prescribed since at least 6-29-2015. The request for authorization dated 7-30-2015, requested a bilateral carpal tunnel release, Paxil 20mg #60, Norco 10/325mg #120, and Lunesta 2mg #30 (for the date of service of 7-30-2015). The Utilization Review (UR) dated 8-21-2015, non-certified the requests for a bilateral carpal tunnel release and Lunesta 2mg #30 (for the date of service of 7-30-2015), and modified the requests for Paxil 20mg #60 to approve #22 with the remaining #38 non-certified, and for Norco 10/325mg #120 to approval for #56 with the remaining #64 non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal tunnel syndrome (Acute & Chronic): Carpal tunnel release surgery.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to eval for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case, there is lack of evidence in the records of electrodiagnostic evidence of carpal tunnel syndrome and a lack of evidence of failed bracing or injections. Therefore, the request is not medically necessary.

Paxil 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress: Paroxetine (Paxil).

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

Decision rationale: CA MTUS chronic pain treatment guidelines, antidepressants page 16, states that the use of selective serotonin reuptake inhibitors (SSRIs) for pain remains controversial. More information is needed before that can be recommended for pain. Based on this the request is not medically necessary.

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): Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. In this case, there is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity due to medications. Therefore, the request is not medically necessary.

Lunesta 2mg #30 (DOS 07/30/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress: Eszopicolone (Lunesta), Official Disability Guidelines (ODG), Mental Illness & Stress: Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) stress.

Decision rationale: CA MTUS/ACOEM is silent on the issue of Lunesta. According to the ODG, Mental Illness and stress chapter, Lunesta is, "Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers." In this case, there is lack of documentation from the exam notes of insomnia to support Lunesta. Therefore, the request is not medically necessary.