

<b>Case Number:</b>	CM15-0183032		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	04/09/2015
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, 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 59 year old female, who sustained an industrial-work injury on 4-9-15. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome, wrist joint inflammation bilaterally with carpometacarpal joint inflammation. Medical records dated 8-19-15 indicate that the injured worker complains of constant right and left wrist pain. The pain in the right wrist is rated 5 out of 10 on the pain scale and the left wrist is rated 3-4 out of 10 on the pain scale. She reports numbness, tingling, swelling and fatigue of the wrists. The pain is improved with resting and worse when the wrists are rubbed against something. She also has associated symptoms of depression, gastrointestinal symptoms such as upset stomach and heartburn, trouble falling asleep and waking due to the pain. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 8-19-15 the injured worker has not returned to work and is retired. The physical exam dated 8-19-15 reveals that wrist extension is 50 degrees on the right and 40 degrees on the left, flexion 65 degrees on the left and 40 degrees on the right, ulnar deviation is 55 degrees on the right and the left, radial deviation is 0 degrees on the right and left, thumb abduction is 45 degrees bilaterally and she can make a full fist. Phalen's sign is positive on the ring finger on the right. She has local Tinel's at the left wrist and to the palm on the right. There is tenderness along the carpal tunnel bilaterally. There is tenderness in the right and left wrists with positive compression test and piano key test. Treatment to date has included pain medication including Tramadol since at least 5-15-15, Flexeril and Aciphex since 8-19-15, physical therapy (unknown amount), diagnostics, and other modalities. There is no previous

urine drug screen report and the physician does not indicate concerns for abuse. There are no previous diagnostic reports noted. The request for authorization date was 8-19-15 and requested services included Tramadol 150mg #30, Flexeril 7.5mg #60, Aciphex 20mg #30, Carpal Tunnel Splint Right Wrist, Carpal Tunnel Splint Left Wrist, Transcutaneous electrical nerve stimulation (TENS) Unit, Magnetic Resonance Imaging (MRI) without Contrast of the Right Wrist, Magnetic Resonance Imaging (MRI) without Contrast of the Left Wrist, and Hand Therapy for the Right and Left Wrists QTY: 12. The original Utilization review dated 8-31-15 non-certified the request for Tramadol 150mg #30, Flexeril 7.5mg #60, Aciphex 20mg #30, Carpal Tunnel Splint Right Wrist, Carpal Tunnel Splint Left Wrist, Transcutaneous electrical nerve stimulation (TENS) Unit, Magnetic Resonance Imaging (MRI) without Contrast of the Right Wrist, Magnetic Resonance Imaging (MRI) without Contrast of the Left Wrist. The request for Hand Therapy for the Right and Left Wrists QTY: 12 were modified to approve 3 of 12 requested sessions of therapy for each wrist.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol 150mg #30:** 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, Opioids for neuropathic pain.

**Decision rationale:** The California MTUS guidelines do not support Tramadol as a first line agent for pain, nor do they support Tramadol for first line against neuropathic pain. Risk of habituation is of concern. As such, this request is not medically necessary.

**Flexeril 7.5mg #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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** According to the California MTUS Chronic Pain Guidelines, in regards to Flexeril it is stated that "This medication is not recommended to be used for longer than 2-3 weeks." Skeletal muscle relaxants are not supported for long-term use per MTUS. There are no extenuating circumstances within the submitted records to warrant non-adherence to guidelines. This request is not medically necessary.

**Aciphex 20mg #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment in Workers Compensation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, Proton Pump Inhibitors are used to treat symptoms of gastritis, peptic ulceration, acid reflux, and/or dyspepsia related to non-steroidal anti-inflammatories (NSAIDs). Those on NSAIDs at high risk for GI events should be considered for antacid therapy. Factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant or high dose/multiple NSAID use. There is documentation of upset stomach with NSAID use. As such, this request is reasonable and medically necessary.

**Carpal Tunnel Splint Right Wrist:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care.

**Decision rationale:** CA MTUS/ACOEM Chapter 11 Forearm, Wrist and Hand Complaints supports splinting as first-line treatment for carpal tunnel syndrome, and DeQuervain's strains. There is documented carpal tunnel syndrome, clinically, and bilaterally. The request for carpal tunnel splints is as such, medically necessary.

**Carpal Tunnel Splint Left Wrist:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care.

**Decision rationale:** CA MTUS/ACOEM Chapter 11 Forearm, Wrist and Hand Complaints supports splinting as first-line treatment for carpal tunnel syndrome, and DeQuervain's strains. There is documented carpal tunnel syndrome, clinically, and bilaterally. The request for carpal tunnel splints is as such, medically necessary.

**TENS Unit:** 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): Transcutaneous electrotherapy.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that TENS units can be utilized for the relief of musculoskeletal pain. It is recommended that there should be an initial 1 month trial of the use of a TENS unit. The modality of the utilization of the use of the TENS unit should be documented. The guidelines recommend that the TENS units can then be purchased or authorized for long-term use if there is documentation of pain relief, improved function with range of motion, and reduction in medication utilization. There was no clear mention of a previous one month trial of TENS and the request does not specify rental versus purchase. Without the above clarified, this request is not medically necessary.

**TENS Conductive Garment:** 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): Transcutaneous electrotherapy.

**Decision rationale:** As the request for TENS unit was not certified, the concurrent request for TENS conductive garment cannot be deemed medically necessary.

**MRI without Contrast of the Right Wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The California MTUS ACOEM, page 269 states that imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. The Official Disability Guidelines state that indications for an MRI of the wrist are acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required, suspect acute scaphoid fracture, suspect gamekeeper injury, chronic wrist pain, suspect Kienbock's disease, or suspect soft tissue tumor and chronic wrist pain. Within the submitted records, most recent PR-2 note did not note any significant red flag findings on physical examination that would warrant MRI. Furthermore, there is no mention of failure to recent aggressive conservative care including physical therapy. This request is not medically necessary.

**MRI without Contrast of the Left Wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The California MTUS ACOEM, page 269 states that imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. The Official Disability Guidelines state that indications for an MRI of the wrist are acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required, suspect acute scaphoid fracture, suspect gamekeeper injury, chronic wrist pain, suspect Kienbock's disease, or suspect soft tissue tumor and chronic wrist pain. Within the submitted records, most recent PR-2 note (09/22/2015) did not note any significant red flag findings on physical examination that would warrant MRI. Furthermore, there is no mention of failure to recent aggressive conservative care including physical therapy. This request is not medically necessary.

**Hand Therapy for the Right and Left Wrists QTY: 12: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment in Workers Compensation, Carpal Tunnel Syndrome.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. Guidelines recommend fading of treatment frequency with ultimate transition to a home exercise program. ODG Guidelines recommend six visit clinical trials of physical therapy, and close monitoring of tolerance and progress to determine if the individuals are making positive gains, no gains, or negative response to therapy. There is mention of previous certification for a course of hand therapy but there is no mention of how the injured worker progressed with this course of treatment. Without this information, additional sessions is not appropriate, and the request is not medically necessary.