

Case Number:	CM15-0188091		
Date Assigned:	09/30/2015	Date of Injury:	01/02/2008
Decision Date:	11/18/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/24/2015

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:

This is a 36 year old female with an injury date of 1-2-08. A review of the medical records indicates that the injured worker is undergoing treatment for multiple orthopedic symptoms. Progress report dated 8-29-15 reports continued complaints of neck, bilateral upper shoulder pain radiating to the back of her head. The neck pain radiates into both arms and is associated with numbness and tingling. She reports that her carpal tunnel has returned on the left side (last surgery was in 2008). She reports fatigue, anxiety and depression due to chronic pain. Medications and compound creams help relieve the pain. Objective findings: left elbow reveals tenderness to palpation over the left lateral epicondyle, the Tinel's sign is positive over the ulnar nerve and both wrists have Phalen's sign left greater than the right. Work status: remain off work. Request for authorization dated 8-29-15 was made for left carpal tunnel release surgery, Xanax (alprazolam) 2 mg quantity 90, massage therapy 2 times per week for 6 weeks left wrist, TENS unit replacement of batteries and supplies, psychiatric evaluation and urine toxicology testing. Utilization review dated 9-16-15 non-certified the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Redo of left carpal tunnel release surgery: 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): Surgical Considerations.

Decision rationale: The carpal tunnel release is not medically necessary. According to the ACOEM guidelines, Chapter 11, page 270, "Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electro diagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken." The records do not document the results of recent nerve conduction testing. ACOEM requires positive findings on NCV testing to support the need for surgery. Without NCV testing, the request is not medically necessary.

Xanax (Alprazolam) 2mg #90: 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): Benzodiazepines.

Decision rationale: Per MTUS, Chronic Pain, Benzodiazepines, page 24: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) The request for Xanax is not medically necessary. The MTUS guidelines do not support long term use of this medication, and the request for 90 pills is consistent with long term use. MTUS recommends anti-depressants in lieu of benzodiazepines.

Associated surgical service: TENS unit with replacement of batteries and supplies purchase: 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: Rental. Per the MTUS guidelines, "Transcutaneous electrotherapy", page 114, TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) This patient does not have neuropathic pain, spasticity or CRPS. She has pain that may be due to carpal tunnel syndrome. Nerve conduction testing will help to delineate the source of her pain. The request is not medically necessary.

Associated surgical service: psychiatric evaluation: Overturned

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: California MTUS does not specifically address the requested consult. ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. When a physician is responsible for performing an isolated assessment of an examinee's health or disability for an employer, business, or insurer, a limited examinee physician relationship should be considered to exist. A referral may be for: Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This patient has diagnosed of anxiety and depression. Psychiatric consultation is indicated to treat these conditions. Mental health consultation is essential in her case to help with coping for chronic pain. The request is medically necessary.

Associated surgical service: massage therapy 2 times a week for 6 weeks, left wrist: 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): Massage therapy.

Decision rationale: Per MTUS, Chronic Pain Treatment Guidelines, page 60: Massage Therapy: Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. The surgeon is requesting 12 visits, which exceeds the MTUS guidelines. The guidelines recommends 4-6 visits maximum. The patient had already been certified for massage, and additional sessions in excess of the guidelines is not warranted. The request is not medically necessary.

Associated surgical service: urine toxicology testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: This patient had a diagnosis of chronic pain. The American College of Occupational and Environmental Medicine (ACOEM) in the Occupational Medicine Practice Guidelines on Chronic Pain supports urine drug screens. It is stated on page 156: Recommendation: Urine Drug Screening for Patients Prescribed Opioids for Chronic Pain. Routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that urine drug screens can identify aberrant opioid use and other substance use that otherwise is not apparent to the treating physician. Indications - All patients on chronic opioids for chronic pain. The records do not confirm that this patient is on chronic opioids. There is not documentation of drug abuse. The MTUS guidelines are not met. The request is not medically necessary.