

Case Number:	CM15-0188510		
Date Assigned:	09/30/2015	Date of Injury:	11/25/2003
Decision Date:	12/04/2015	UR Denial Date:	09/11/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 November 25, 2003. Recent primary treating follow up dated August 13, 2015 reported the plan of care with recommendation for bilateral carpal tunnel braces and Motrin and TENS supplies. A primary treating office visit dated March 12, 2015 reported current subjective complaint of: "neck pain mostly left sided with grinding and crepitation; low back pain; bilateral hip pain; bilateral wrist and hand pain with numbness and tingling; depression and sleep difficulty." The following diagnoses were applied to this visit: cervical strain with recent left cervical radicular signs and symptoms; lumbar strain with intermittent right lumbar radicular symptoms; lumbar strain with intermittent right lumbar radicular symptoms; hip strain, left side greater with intermittent symptoms; cervicogenic headaches; secondary depression and insomnia. The plan of care is with recommendation for authorization for breast reduction surgery to decrease pain; Norco, Motrin and TENS supplies. On August 28, 2015, a request for TENS supplies, Motrin 800mg and bilateral carpal tunnel braces was noncertified by Utilization review on September 11, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg Qty 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Regarding the request for this NSAID, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that this medication is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Given this, the current request is not medically necessary.

TENS Unit supplies purchase Qty 1: 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: Regarding the request for TENS, the Chronic Pain Medical Treatment Guidelines on Pages 114-116 specify the following regarding TENS (transcutaneous electrical nerve stimulation): 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. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. 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). A review of this injured worker's industrial diagnoses failed to reveal any of the indications above of multiple sclerosis, spasticity, phantom limb pain, or complex regional pain syndrome as described by the CPMTG. By statute, the California Medical Treatment and Utilization Schedule takes precedence over other national guidelines which may have broader indications for TENS unit. Given this worker's diagnoses, TENS is not medically necessary.

Left carpal tunnel braces purchase Qty 1: Overturned

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): Physical Methods.

Decision rationale: Regarding the request for a brace for the left wrist, California MTUS adopts ACOEM Chapter 11 which supports splinting as first-line conservative treatment for multiple wrist/hand conditions, including carpal tunnel syndromes, strains, and DeQuervain's tenosynovitis. There is documentation in a progress note dated 8/13/15 of bilateral positive Phalen's sign at 20 seconds. The radiation of the paresthesias was to digits 1-3, which implies a median nerve distribution consistent with carpal tunnel syndrome. A first line treatment for a clinical diagnosis of carpal tunnel syndrome would involve wrist bracing. Given this, this request is medically necessary.

Right carpal tunnel braces purchase Qty 1: Overturned

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): Physical Methods.

Decision rationale: Regarding the request for a brace for the left wrist, California MTUS adopts ACOEM Chapter 11 which supports splinting as first-line conservative treatment for multiple wrist/hand conditions, including carpal tunnel syndromes, strains, and DeQuervain's tenosynovitis. There is documentation in a progress note dated 8/13/15 of bilateral positive Phalen's sign at 20 seconds. The radiation of the paresthesias was to digits 1-3, which implies a median nerve distribution consistent with carpal tunnel syndrome. A first line treatment for a clinical diagnosis of carpal tunnel syndrome would involve wrist bracing. Given this, this request is medically necessary.