

Case Number:	CM15-0189070		
Date Assigned:	10/01/2015	Date of Injury:	05/27/2011
Decision Date:	12/08/2015	UR Denial Date:	09/12/2015
Priority:	Standard	Application Received:	09/25/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 53 year old male, who sustained an industrial injury on 5-27-2011. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome. On 9-2-2015, the injured worker reported intermittent radiating to the fingers with numbness and tingling on the right hand, rated 5 on a scale of 0-10, decreased from the rating of 7 out of 10 noted on 8-17-2015. The Treating Physician's report dated 9-2-2015, noted the injured worker had retired in 2013, able to do chores around the house "gingerly." The physical examination was noted to show no atrophy or weakness to abductor pollicis brevis, with positive Tinel's along the wrist on the right, mild on the left, with tenderness along the carpometacarpal (CMC) joint and the first extensor compartment, more on the right than on the left with positive Phalen's test on the right side. Prior treatments have included prior medications including Zetia, Glucosamine, Vicodin, Ibuprofen, and Keflex. The treatment plan was noted to include requests for soft and rigid braces, hot-cold wraps, TENS unit with conductive garment, repeat nerve studies, and Naproxen, a new prescription for Protonix, Tramadol, and Neurontin. The injured worker was noted to have blood testing for liver and kidney function from the primary care physician. The request for authorization dated 9-2-2015, requested right wrist carpal tunnel brace purchase, soft brace right wrist purchase, Naproxen 550mg #60, Tramadol ER 150mg #30, Neurontin 600mg #90, Orthopedic Surgery follow up visit, hot cold wrap for right wrist purchase, TENS four leads unit with conductive garment, right wrist, purchase, EMG/NCV bilateral upper extremities, and Protonix 20mg #60. The Utilization Review (UR) dated 9-12-2015, approved the requests for right wrist carpal tunnel brace

purchase, soft brace right wrist purchase, Naproxen 550mg #60, Tramadol ER 150mg #30, Neurontin 600mg #90, and Orthopedic Surgery follow up visit, and denied the requests for hot cold wrap for right wrist purchase, TENS four leads unit with conductive garment, right wrist, purchase, EMG/NCV bilateral upper extremities, and Protonix 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot cold wrap for right wrist purchase: Upheld

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): Physical Methods.

Decision rationale: Per ACOEM in the MTUS, physical therapeutic interventions recommended include at-home local applications of heat or cold. "Patients: at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist." This does not require the use of any special equipment other than what is readily available over the counter. Therefore, the request for hot cold wrap for right wrist purchase is not medically necessary.

TENS four leads unit with conductive garment, right wrist, 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: Per the MTUS, transcutaneous electrotherapy 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." The MTUS criteria for the use of TENS: Chronic intractable pain, documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed. A one month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short and long term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. A review of the injured workers medical records did not reveal a one-month trial with the appropriate documentation as recommended by the MTUS and without this information, medical necessity is not established. Therefore, the

request for TENS four leads unit with conductive garment, right wrist, purchase is not medically necessary.

EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Occupation Medicine Practice Guidelines, 2nd Edition (2004) pages 181-183.

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

Decision rationale: Per the MTUS/ ACOEM, "appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." A review of the injured workers medical records reveal a diagnosis of carpal syndrome confirmed by prior electrodiagnostic studies and there does not appear to be any indication to repeat these tests. Therefore, the request for EMG/NCV bilateral upper extremities is not medically necessary.

Protonix 20mg #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): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Proton Pump Inhibitors (PPIs).

Decision rationale: Per the MTUS, Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors according to specific criteria listed in the MTUS and a selection should be made based on these criteria: 1) age 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID low-dose ASA). Per the ODG, PPI's are "Recommended for patients at risk for gastrointestinal events. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses. A trial of omeprazole or lansoprazole had been recommended before prescription Nexium therapy (before it went OTC). The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. According to the latest AHRQ Comparative Effectiveness

Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011)" However, a review of the injured workers medical records that are available do not reveal any documentation of past or current gastrointestinal complaints that would indicate that the injured worker is at increased risk for a gastrointestinal event. Therefore, the request for Protonix 20mg #60 is not medically necessary.