

Case Number:	CM15-0192258		
Date Assigned:	10/09/2015	Date of Injury:	04/10/2015
Decision Date:	12/15/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/30/2015

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:

This injured worker is a 49 year old female who reported an industrial injury on 4-10-2015. Her diagnoses, and or impressions, were noted to include left lateral, > medial, epicondylitis; left ulnar neuritis; and left wrist joint inflammation with "CMC" joint inflammation. Magnetic imaging studies were said to have been done. Her treatments were noted to include chiropractic evaluation and treatment (6-2015); and modified work duties before a return to full duty work. The progress notes of 8-13-2015 reported: an orthopedic evaluation with review of outside medical records, without any diagnostic studies; fluoroscopy of left wrist showed ulnar positive variance; intermittent left elbow pain, rated 9 out of 10, that radiated down the left forearm-fingers, associate with swelling in the left elbow-wrist, and improved with non-use; constant left wrist swelling and pain, rated 6 out of 10, made worse with use, and improved with ice-heat therapy; intermittent left hand pain, rated 5 out of 10, that radiated down to hand-fingers, associated with weakness and dropping of things, and made worse with grabbing things and awakening; that her pain interferes with her activities of daily living; and that she had not worked since 7-14-2015. The objective findings were noted to include: decreased left supination, wrist range-of-motion, ulnar deviation, and radial deviation; decreased left thumb abduction; decreased left supination and pronation; mild tenderness along the left ulnar nerve; mild subluxation of the left ulnar nerve; tenderness along the lateral > medial epicondyle and some pain in along the extensors of the left forearm; ulnar prominence and tenderness of the left, > right, wrist; tenderness along the snuffbox, scapholunate, luno-trapezial, palmar ulnocarpal joint; mild tenderness along the piriform and trapezium bones; positive ballottement and sheer tests; mild

tenderness along the "CMC" joint. The physician's requests for treatment were noted to include: thumb Spics splint; carpal tunnel brace; Cortisone steroid injection to the left wrist; electromyogram and nerve conduction velocity studies; bilateral upper extremities; thumb Spica splint; left; carpal tunnel brace; left wrist; soft brace - left wrist; 12 sessions hand therapy (3 x a week for 4 weeks); four lead trans-cutaneous electrical stimulation unit and conductive garment; Gabapentin 600 mg #90 for neuropathic pain; Tramadol 150 mg #30 for pain; and Aciphex 20 mg #60 for gastritis. The Request for Authorization, dated 8-13-2015, was noted to include: Cortisone steroid injection to the left wrist; electromyogram and nerve conduction velocity studies; bilateral upper extremities; thumb Spica splint; left; carpal tunnel brace; left wrist; soft brace; left wrist; 12 sessions hand therapy (3 x a week for 4 weeks); four lead trans-cutaneous electrical stimulation unit and conductive garment; Cyclobenzaprine 7.5 mg; Tramadol 150 mg #30; Gabapentin 600 mg #90 for neuropathic pain; and Aciphex 20 mg #60. The Utilization Review of 8-31-2015 non-certified the request for: left wrist Cortisone Steroid injection; bilateral upper extremity electromyogram; right upper extremity nerve conduction velocity studies; trans-cutaneous electrical stimulation unit; conductive garment for the wrist; thumb Spica splint; carpal tunnel brace; left hand-wrist brace; hand therapy sessions; Cyclobenzaprine 7.5 mg; Tramadol 150 mg; Aciphex 20 mg; and Gabapentin 600 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone steroid injection - left wrist: 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 the MTUS, "corticosteroid injection about the tendon sheaths or, possibly, the carpal tunnel in cases resistant to conservative therapy for eight to twelve weeks" is recommended. For optimal care, a clinician may always try conservative methods before considering an injection. However a review of the injured workers medical records reveal that the injured worker has already been approved for corticosteroid wrist injection, it is unclear why there is another request, without this information it is not possible to determine medical necessity. The request is not medically necessary.

EMG - right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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. Per the ODG, Electromyography is recommended only in cases where diagnosis is difficult with nerve conduction studies, and may be helpful in defining if neuropathy is of the demyelinating or axonal type. A review of the injured workers medical records reveal subjective and objective findings of neuropathy, which needs diagnostic clarification as this, will determine treatment, therefore based on the injured workers clinical presentation and the guidelines the request for EMG of right upper extremity is medically necessary.

EMG - left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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. Per the ODG, Electromyography is recommended only in cases where diagnosis is difficult with nerve conduction studies, and may be helpful in defining if neuropathy is of the demyelinating or axonal type. A review of the injured workers medical records reveal subjective and objective findings of neuropathy, which needs diagnostic clarification as this, will determine treatment, therefore based on the injured workers clinical presentation and the guidelines the request for EMG of left upper extremity is medically necessary.

NCV - right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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. Per the ODG, Electromyography is recommended only in cases where diagnosis is difficult with nerve conduction studies, and may be helpful in defining if neuropathy

is of the demyelinating or axonal type. A review of the injured workers medical records reveal subjective and objective findings of neuropathy which needs diagnostic clarification as this will determine treatment, therefore based on the injured workers clinical presentation and the guidelines the request for NCV of right upper extremity is 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: 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. The request is not medically necessary.

Conductive garment for the wrist: Upheld

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

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 associated request for conducive garment for the wrist is also not medically necessary.

Thumb spica splint: 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 the MTUS/ACOEM Initial, treatment of CTS should include night splints. Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. However a review of the injured workers medical records that are available do not reveal a clear rationale for ordering a thumb spica splint without this information, medical necessity is not established. The request is not medically necessary.

Carpal tunnel brace: 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 the MTUS/ACOEM Initial treatment of CTS should include night splints. Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. However a review of the injured workers medical records that are available do not reveal a clear rationale for ordering this brace, therefore the request is not medically necessary.

Wrist brace - left hand: 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 the MTUS/ACOEM Initial treatment of CTS should include night splints. Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. However a review of the injured workers medical records that are available do not reveal a clear rationale for ordering this brace, therefore the request is not medically necessary.

Hand therapy - 12 sessions: 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).

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

Decision rationale: Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified, the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8-10 visits over 4 weeks. A review of the injured workers medical records reveal that she has already had at least 6 sessions of physical therapy, without documentation of pain and functional improvement and how she is progressing in a home exercise program, requesting an additional 12 sessions exceeds guideline recommendations and is not medically necessary.

Cyclobenzaprine 7.5 mg #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).

Decision rationale: Per the MTUS, Cyclobenzaprine is recommended as an option in the treatment of chronic pain using a short course of therapy. It is more effective than placebo in the management of back pain, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment suggesting that shorter courses may be better. Treatment should be brief. Treatment is not recommended for longer than 2-3 weeks. A review of the injured workers medical records do not reveal ongoing muscle spasms or extenuating circumstances that would warrant deviating from the guidelines, therefore the request for Cyclobenzaprine 7.5 mg #60 is not medically necessary.

Tramadol 150 mg #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, specific drug list.

Decision rationale: The MTUS states that tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Opioids are recommended for chronic pain, especially neuropathic pain that has not responded to first line recommendations like antidepressants and anticonvulsants. Long term users should be reassessed per specific guideline recommendations and the dose should not be lowered if it is working. Per the MTUS, Tramadol is indicated for moderate to severe pain. A review of the injured workers medical records that are available do not reveal documentation of improvement in pain and function with the use of Tramadol as required by the guidelines, without this information medical necessity is not established. The request is not medically necessary.

AcipHex 20 mg. #60: Upheld

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

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

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. Prilosec (omeprazole), Prevacid (lansoprazole) and Nexium (esomeprazole magnesium) are PPIs. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. (Donnellan, 2010) In this RCT omeprazole provided a statistically significantly greater acid control than lansoprazole. (Miner, 2010) 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, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) 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)" A review of the injured workers medical records that are available do not reveal 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 Aciphex is not medically necessary.

Gabapentin 600 mg #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): Antiepilepsy drugs (AEDs).

Decision rationale: Per the MTUS, antiepilepsy drugs are recommended for neuropathic pain. Gabapentin is considered first line treatment for neuropathic pain. The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails.(Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. A review of the injured workers medical records that are available do not reveal documentation of improvement in pain and function with the use of gabapentin as required by the guidelines, without this information medical necessity is not established. The request is not medically necessary.