

Case Number:	CM15-0200818		
Date Assigned:	10/15/2015	Date of Injury:	08/17/2012
Decision Date:	12/01/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/13/2015

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:

The injured worker is a 60 year old female, who sustained an industrial injury on 8-17-2012. A review of the medical records indicates that the injured worker is undergoing treatment for status post cervical fusion, cervical radiculopathy, bilateral shoulder impingement and adhesive capsulitis, bilateral carpal tunnel syndrome, and lumbar degenerative disc disease. On 8-18-2015, the injured worker reported continued neck and shoulder pain rated 9 out of 10 without medications with improvement to 6 out of 10 with medications with ability to do daily activities such as cleaning, shopping, and improved sleep. On 6-16-2015, the injured worker rated her pain as 10 out of 10 on bad days, normally 9 out of 10, decreased with the use of medications. The Primary Treating Physician's report dated 8-18-2015, the injured worker's current medications included Acetaminophen, Butalbital-Acetaminophen-caffeine, Cephalexin, Divalproex ER, Doc-Q-Lace, Gabapentin, Loratadine, Omeprazole, and Oxycodone-Acetaminophen. The physical examination on 9-1-2015 was noted to show cervical spine spasm, facet tenderness, and tenderness to palpation over the cervicotrachezial ridge with decreased, painful range of motion (ROM). The left shoulder was noted to have positive impingement with painful range of motion (ROM). The bilateral wrists examination revealed positive Tinel's, Phalen's, Durkin's compression, and grip strength. Prior treatments have included Anaprox and Zanaflex. The treatment plan was noted to include continuation of current medications of Motrin, Norco, and Flexeril, all prescribed since at least 2-17-2015, and requests for authorization for a right carpal tunnel release and bilateral wrist splints. A narcotic contract was noted to have been updated with notation that screening urinalysis would be performed periodically. The injured worker's

work status was noted to be temporarily totally disabled. The request for authorization was noted to have requested a right carpal tunnel release, Norco 10-325mg #120, Flexeril 10mg #60, and Motrin 800mg #60. The Utilization Review (UR) dated 9-28-2015, non-certified the requests for a right carpal tunnel release, Norco 10-325mg #120, Flexeril 10mg #60, and Motrin 800mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release: 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 electrodiagnostically 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." This patient does not have a positive nerve conduction test. Per the ACOEM guidelines, carpal tunnel release is not medically necessary.

Norco 10/325mg #120: Upheld

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: Per ACOEM, Initial Approaches to Treatment, page 47 and 48, opioids: Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects, which the clinician should describe to the patient before prescribing them. Poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence have been reported in up to 35% of patients. Patients should be informed of these potential side effects. This patient has been on chronic opiates and has a pain contract. ACOEM does not support long term use of opiates. The request is not medically necessary because it exceeds the guidelines.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Per MTUS page 84: Cyclobenzaprine (Flexeril, Amrix, Fexmid™, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. MTUS recommends a short course of therapy for muscle spasm. The records document that the patient has been taking muscle relaxants. Objective functional improvement is not documented in the records. The request exceeds the guidelines for a short course of therapy and is not medically necessary.

Motrin 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per MTUS page 67, NSAIDs: "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain." MTUS supports only a short course of therapy, and this patient has been on chronic NSAIDs. Although the NSAIDs are reported to help her pain, MTUS does not support chronic use and are not medically necessary.