MAXIMUS Federal Services

Case Number:	CM15-0206004		
Date Assigned:	10/22/2015	Date of Injury:	10/16/2014
Decision Date:	12/10/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/20/2015

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

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 40 year old female, who sustained an industrial injury on 10-16-2014. The injured worker was diagnosed as having recurrent bilateral carpal tunnel syndrome and cervical strain. On medical records dated 08-31-2015, the subjective complaints were noted as neck discomfort and pain, numbness, tingling and weakness in both hands. Objective findings were noted as tenderness was noted over both carpal tunnels. No tenderness was noted over Guyon's canol or the cubital tunnels. There was paracervical region tenderness noted. Phalen's sign was positive bilaterally and Spurling sign was associated with discomfort that extends down the left arm, cubital tunnel compression test was positive on the left. Treatments to date included injections, surgical intervention, injections, wrists splints and medication. Current medications were listed as Tramadol, Naproxen, Protonix, and Ultracet. The Utilization Review (UR) was dated 10-14-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for Meds 4-IF unit with garment for bilateral wrists, 3 month rental and Voltaren gel 1%, 1 gm three times a day to affected areas #1 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%, 1 gm three times a day to affected areas #1: Upheld

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

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

Decision rationale: The patient presents with modest degree of neck discomfort with stiffness as well as pain, numbness, tingling and some weakness in both hands which is attenuated with use of the injections and splints. The request is for VOLTAREN GEL 1%, 1 GM THREE TIMES A DAY TO AFFECTED AREAS #1. The request for authorization form is not provided. The patient is status post bilateral carpal tunnel releases, 2010. EMG of the bilateral upper extremities, 07/28/15, shows normal electrodiagnostic studies. There is no electrophysiologic evidence for a focal neuropathy in the bilateral upper extremities. Patient's impressions include recurrent bilateral carpal tunnel syndrome (bilateral CTR 2010); cervical strain - body part currently denied. Physical examination reveals tenderness over both carpal tunnels. There is no tenderness over Guyon's canal or the cubital tunnels. There is some tenderness in the paracervical region but mostly on the left side with mild muscle guarding only on the left. There is no tenderness in the supraclavicular fossa or about either shoulder. Tinel and Durkin signs are negative on each side although Phalen sign is promptly positive bilaterally. Spurling sign is associated with discomfort that extends down the left arm. Cubital tunnel compression test is positive on the left at 8 seconds. Patient's medications include Naproxen, Protonix, and Ultracet. Per progress report dated 08/31/15, the patient is working modified duties. MTUS Guidelines, Topical Analgesics section, under Non-steroidal anti inflammatory agents, page 111-112 has the following: "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." "This class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Treater does not specifically discuss this medication. Review of provided medical records show the patient was prescribed Votaren Gel on 06/11/15. The patient is diagnosed with recurrent bilateral carpal tunnel syndrome. Physical exam findings reveal cubital tunnel compression test is positive. In this case, although the patient is suffering from wrist pain, the patient does not present with peripheral joint arthritis/tendinitis, for which an NSAID lotion would be indicated. Therefore, the request IS NOT medically necessary.

Meds 4-IF unit with garment for bilateral wrists, 3 month rental: 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: The patient presents with modest degree of neck discomfort with stiffness as well as pain, numbness, tingling and some weakness in both hands which is attenuated with use of the injections and splints. The request is for MEDS 4-IF UNIT WITH GARMENT FOR BILATERAL WRISTS, 3 MONTH RENTAL. The request for authorization form is not provided. The patient is status post bilateral carpal tunnel releases, 2010. EMG of the bilateral upper extremities, 07/28/15, shows normal electrodiagnostic studies. There is no electrophysiologic evidence for a focal neuropathy in the bilateral upper extremities. Patient's impressions include recurrent bilateral carpal tunnel syndrome (bilateral CTR 2010); cervical strain - body part currently denied. Physical examination reveals tenderness over both carpal tunnels. There is no tenderness over Guyon's canal or the cubital tunnels. There is some tenderness in the paracervical region but mostly on the left side with mild muscle guarding only on the left. There is no tenderness in the supraclavicular fossa or about either shoulder. Tinel and Durkin signs are negative on each side although Phalen sign is promptly positive bilaterally. Spurling sign is associated with discomfort that extends down the left arm. Cubital tunnel compression test is positive on the left at 8 seconds. Patient's medications include Naproxen, Protonix, and Ultracet. Per progress report dated 08/31/15, the patient is working modified duties. MTUS, Interferential Current Stimulation (ICS) Section, pages 118-120 states, "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction." Treater does not discuss the request. Review of provided medical records show the patient has not previously trialed an IF Unit with Garment. MTUS supports a one-month trial of an IF Unit for treater to study efficacy and show evidence of functional improvement. In this case, however, the request for 3 month rental exceeds what is allowed by MTUS guidelines. Additionally, treater does not discuss or document patient's pain to be ineffectively controlled with medications due to diminished effectiveness or side effects, history of substance abuse, pain from postoperative conditions, or unresponsive to conservative measures. Therefore, the request IS NOT medically necessary.