

<b>Case Number:</b>	CM15-0214384		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	02/16/2011
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 52 year old female who sustained an industrial injury on 2-16-11. The injured worker reported wrist and hand pain. A review of the medical records indicates that the injured worker is undergoing treatments for bilateral carpal tunnel syndrome, chronic pain syndrome and myalgia. Medical records dated 10-7-15 indicate aching wrist and hand pain with numbness rated at 7 out of 10. Provider documentation dated 10-7-15 noted the work status as permanent and stationary. Treatment has included Naprosyn since at least June of 2014, status post left carpal tunnel release (March 2012), status post right carpal tunnel release (August 2012), electrodiagnostic testing (2013, Norco, and Prilosec. Objective findings dated 10-7-15 were notable for medial nerve tenderness to palpation right greater than left, positive Phalen's test bilaterally and positive Tinel's test at bilateral wrists. The original utilization review (10-13-15) denied a request for Anaprox 550mg #60 and Acupuncture for the wrists & hands x 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 550mg #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:** As per the CA MTUS Chronic Pain Medical Treatment Guidelines, non-steroidal anti-inflammatory drugs (NSAID) are recommended as a second-line treatment after Acetaminophen. In general, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The documentation provided indicates the patient has a history of GERD and GI symptoms. Thus, the request for Anaprox 550 mg #60 is not medically necessary and appropriate.

**Acupuncture for the wrists & hands x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** Guidelines note that acupuncture is used as an option to reduce pain, increase range of motion and when pain medication is reduced or not tolerated and it may be used as an adjunct to physical rehabilitation and/or surgical intervention. Guidelines recommend an initial trial of 3-4 sessions over 2 weeks and continued if there is functional improvement. In this case, there is no documentation of failed trial with NSAIDs or acetaminophen. The request for acupuncture of wrists and hands is not medically appropriate and necessary.