

Case Number:	CM15-0034050		
Date Assigned:	02/27/2015	Date of Injury:	07/23/2014
Decision Date:	05/15/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/23/2015

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

Certification(s)/Specialty: Pediatrics, Internal 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 63 year old female, who sustained an industrial injury on 7/23/2014. She reported pain to her neck, upper back, and left wrist/hand. The diagnoses have included sprain of neck and enthesopathy of wrist and carpus. A history of gastroesophageal reflux disease and status post right carpal tunnel release (non-industrial) was documented in the PR2 report, dated 9/22/2014. Treatment to date has included conservative measures. The progress report, dated 9/22/2014, noted radiographic findings. X-rays of the cervical spine noted loss of disc height at C5-6 and C6-7, with anterior osteophyte formation at those levels, and degenerative changes. X-rays of the lumbar spine showed scoliosis with concavity to the right, disc collapse at L4-5 and L5-S1 levels, grade 1 spondylolisthesis at the L4-5 level, and degenerative changes. Electrodiagnostic report of the upper extremities, dated 11/05/2014, noted moderate bilateral carpal tunnel syndrome, without evidence of ulnar neuropathy or acute cervical radiculopathy. Magnetic resonance imaging of the cervical spine, dated 11/11/2014, noted broad based disc protrusions, C3-C7, resulting in bilateral neural foraminal narrowing and canal stenosis, with bilateral exiting nerve root compromise. Currently, the injured worker complains of continued neck pain, radiating to the left upper extremity, with numbness and weakness. She also reported bilateral wrist pain, left greater than right, with numbness and weakness. She reported difficulty with lifting, pushing, and pulling objects, as well as overhead motion and repetitive hand motions. It was noted that she developed anxiety and depression secondary to chronic pain and loss of functioning. Exam noted tenderness and guarding on the paravertebral musculature of the cervical spine, along with decreased range of motion, decreased sensation over the C5 and C6

dermatomes, positive Phalen's and reverse Phalen's sign bilaterally, and thenar atrophy on the left. Current medications included Prilosec, Ultram ER, and Neurontin. On 1/22/2015, Utilization Review (UR) non-certified a request for carpal tunnel release surgery to the left wrist and Prilosec 20mg #60 with 5 refills, citing MTUS Chronic Pain Medical Treatment Guidelines. The UR modified a request for Neurontin 300mg #90 with 5 refills to Neurontin 300mg #45 with 0 refills, and modified a request for Ultram ER 150mg #60 with 5 refills to Ultram ER 150mg #30 with 0 refills, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Neurontin 300mg #90 w/ 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: Neurontin has been considered as a first-line treatment for neuropathic pain. Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and postherpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better analgesia occurred at lower doses of each. There is evidence of median nerve neuropathy and thus gabapentin is indicated. This request is medically necessary and appropriate.

Associated surgical service: Ultram ER 150 mg #30 w/ 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use 4) On-Going Management Page(s): 78.

Decision rationale: The IW has been on long term opioids which is not recommended. Additionally, documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and reasonable at this time.

Associated surgical service: Prilosec 20mg #60 w/ 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to MTUS guidelines it is necessary to determine if the patient is at risk for gastrointestinal events. Risk factors are: (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). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. There was no notation of ongoing NSAID use, current GI symptoms or a history of risk factors. This request is not medically necessary or appropriate at this time.

Carpal tunnel release surgery to left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (CTS) - Carpal tunnel release surgery (CTR).

Decision rationale: Per MTUS and ODG guidelines carpal tunnel release surgery (CTR) is recommended after an accurate diagnosis of moderate or severe CTS. Surgery is not generally initially indicated for mild CTS, unless symptoms persist after conservative treatment. Carpal tunnel syndrome may be treated initially with education, activity modification, medications and night splints before injection is considered. The records indicate that the IW had moderately severe CTS on electroneurographic studies. However, the records do not indicate what conservative treatment the IW tried and their outcomes. Without this information, the request is not medically necessary and appropriate.