

<b>Case Number:</b>	CM15-0038207		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	07/08/2014
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 31-year-old male who reported an injury on 07/08/2014. The mechanism of injury was due to repetitive use of hand at work, including making teeth and working on a computer constantly. His diagnoses included carpal tunnel syndrome, wrist joint inflammation, medial and lateral epicondylitis, and shoulder impingement. Prior treatments include medications, soft brace, elbow pad, hot and cold wraps, massage, and application of ice with improvements. The injured worker had been approved for 12 sessions of physical therapy. The injured worker underwent surgery of the right knee and ACL repair of the right knee in 2007. The injured worker received an NCS on 01/19/2015, which was positive for carpal tunnel syndrome. A urine test on 01/19/2015 was positive for acetaminophen. On 07/21/2014, the injured worker was seen for complaints about the arm. The injured worker stated it was from long term use of hands. The injured worker noted bilateral numbness of the hands, mostly the 4th and 5th digits, hand pain, and medial elbow pain since 01/06/2014. On 07/24/2014, the injured worker felt that the pain was no better. The injured worker had been working regular duty. Per reviewed literature, the injured worker had an EMG performed, which stated a left carpal tunnel syndrome. On 01/19/2015, the injured worker came in for an evaluation. There was numbness and tingling in the hands as well as weakness. The injured worker was dropping things. The injured worker had difficulty sleeping and was quite stressed. The injured worker was not doing chores around the house. The injured worker has started physical therapy. The injured worker had 2 elbow pads, hot and cold wraps, naproxen, tramadol, and soft wrist brace at

the last visit. Upon examination, there was tenderness along the ulnar nerve bilaterally, as well as tenderness along the carpal tunnel bilaterally. The injured worker would receive a fluoroscopy of the right wrist and the left on return. It showed ulnar nerve variance of the wrist. Carpal tunnel braces, TENS stimulation, continue physical therapy, and MRI of the wrist, Nalfon, Topamax, and Lunesta were requested. The injured worker was considering surgery. Restrictions include no repetitive use of upper extremity, no forceful pushing, pulling, lifting, or repetitive keyboarding use. The injured worker was unable to do modified duties and as such, the injured worker was on temporary disability until next visit. The request for authorization was not provided within the documentation submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Fluoroscopy of the bilateral wrist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/2037629>.

**Decision rationale:** The request for fluoroscopy of the bilateral wrists is not supported. The injured worker has a history of bilateral wrist pain. The California MTUS/ACOEM/ODG do not address specifically. Peer article Bond states: abnormal motion due to instability at the carpus and distal radioulnar joint can be difficult to diagnose clinically, and radiologic evaluation can be very helpful. The injured worker had been certified for x-rays of the bilateral wrists on 01/06/2015. There is a lack of documentation for the need of fluoroscopy in addition to radiographs of the wrist. There is a lack of documentation ligamentous instability or findings. The request is not medically necessary.

#### **Carpal tunnel brace x 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

**Decision rationale:** The request for carpal tunnel brace x2 is not supported. The injured worker has a history of bilateral wrist pain. The CA MTUS/ACEOM guidelines state initial treatment of carpal tunnel syndrome should include night splints. On 12/04/2014, the injured worker was certified for bilateral wrist brace. There is no rationale why the injured worker would need additional carpal tunnel braces. The request is not medically necessary.

#### **TENS unit purchase: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

**Decision rationale:** The request for TENS unit purchase is not supported. The injured worker has a history of bilateral wrist pain. The California MTUS does not recommend the use of TENS unit for carpal tunnel syndrome. There is a lack of documentation of a successful trial of TENS unit to support purchase. The request is not medically necessary.

**MRI of the bilateral wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The request for MRI of the bilateral wrist is not supported. The injured worker has a history of bilateral wrist pain. The injured worker had received certification for x-rays on 01/06/2015. There is a lack of documentation of what the plain radiographs of the wrists revealed. There is a lack of documentation of the injured worker having clinical findings consistent with acute fracture, instability, tumor, or infection to support a request for MRI of the wrist. As such, the request is not medically necessary.

**Nalfon #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68, 71.

**Decision rationale:** The request for Nalfon #60 is not supported. The injured worker has a history of bilateral wrist pain. The California MTUS Guidelines state that NSAIDs are to treat inflammatory. The guidelines recommend the lowest dose for the shortest period of time with moderate to severe pain. There is a lack of documentation of how long the injured worker has been on said medication. There is a lack of documentation of functional improvement from said medication. There is a lack of documentation of the frequency and dosage for said medication. As such, the request is not medically necessary.

**Topamax #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16, 17, 21.

**Decision rationale:** The request for Topamax #60 is not supported. The injured worker has a history of bilateral wrist pain. The California MTUS Guidelines state anti-epilepsy drugs (AEDS) are also referred to as anti-convulsants are recommended for neuropathic pain (pain due to nerve damage). There is a lack of documentation that the injured worker has failed first line treatment for neuropathic pain to support the use of Topamax. There is a lack of documentation as to the frequency and dose provided within the request. As such, the request is not medically necessary.

**Lunesta #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Insomnia Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia treatment.

**Decision rationale:** The request for Lunesta #30 is not supported. The injured worker has a history of bilateral wrist pain. The Official Disability Guidelines state that Lunesta is used for patients with insomnia. There is a lack of documentation of the injured worker having insomnia. There is a lack of documentation of how many hours of sleep the injured worker receives per night. There is a lack of documentation the injured worker has difficulty falling asleep and staying asleep. There is a lack of documentation of frequency and dose within the request. As such, the request is not medically necessary.

**Neurontin 600mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

**Decision rationale:** The request for Neurontin 600 mg #90 is not supported. The injured worker has a history of bilateral wrist pain. The California MTUS Guidelines state Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is a lack of documentation of functional improvement from said medication. There is a lack of documentation as to the length of time the patient has been on

said medication. There is a lack of documentation of frequency and dosage within the request. As such, the request is not medically necessary.

**Naproxen 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70, 73.

**Decision rationale:** The request for naproxen 550 mg #60 is not supported. The injured worker has a history of bilateral wrist pain. The California MTUS Guidelines state Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is unclear why the injured worker is on 2 NSAIDs. There is a lack of documentation of functional improvement from said medication. There is a lack of documentation of frequency and dose within the request. The request is not medically necessary.