

Case Number:	CM15-0044161		
Date Assigned:	03/16/2015	Date of Injury:	10/29/2013
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/09/2015

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: Minnesota, Florida Certification(s)/Specialty: Orthopedic 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 56 year old female, who sustained an industrial injury on 10/29/2013. The diagnoses have included right wrist sprain/strain, right wrist carpal tunnel syndrome and right wrist chronic overuse syndrome. Treatment to date has included rest, physical therapy, chiropractic manipulation, acupuncture, Extracorporeal Shockwave Therapy (ESWT) and medication. According to the progress report dated 1/7/2015, the injured worker complained of pain in the neck, mid/upper back, lower back, right elbow/forearm, bilateral knees and bilateral ankles/feet. She also complained of pain and numbness in the right hand/wrist. Exam of the cervical, thoracic and lumbar spine revealed tenderness to palpation over the paraspinal muscles. There was tenderness to palpation over the right elbow, forearm, wrist and hand. There was tenderness to palpation over the bilateral knees, ankles and feet. It was noted that physical therapy was on hold. The injured worker was prescribed Anaprox DS and Flurbi cream. Authorization was requested for urine toxicology testing. Right carpal tunnel release was recommended.

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 ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270, 260, 261, 262, 263.

Decision rationale: California MTUS guidelines indicate surgical considerations for failure to respond to conservative management, and clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long-term from surgical intervention. Per primary treating physician's progress report dated 1/7/2015, the injured worker complained of pain in the neck, mid/upper back, lower back, right elbow/forearm, bilateral knees, and bilateral ankles/feet. She also complained of pain in the right hand and wrist associated with numbness. The distribution of the numbness is not documented. There was no sensory deficit on examination. Tinel's and Phalen's were positive on multiple occasions. Electromyography of the right upper extremity did not reveal any evidence of denervation. Some muscle spasm was noted in the neck. The nerve conduction study of February 6, 2014 revealed the distal median motor latency of 4.10 ms which represents mild carpal tunnel syndrome. The sensory latency was 5.92 ms representing a more significant prolongation. There is no Katz Diagram documented. There is no Flick sign, Durkan's compression test, Semmes-Weinstein monofilament test, weakness of thumb abduction strength, 2-point discrimination greater than 6 mm, or thenar atrophy noted. The guidelines require splinting in the neutral position and corticosteroid injections into the carpal tunnel as part of the conservative treatment prior to surgical considerations. Injection will also help facilitate the diagnosis. There is no documentation indicating that this was done. As such, the criteria for surgical considerations have not been met and the medical necessity of the request for a carpal tunnel release has not been substantiated. The request is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse, addiction Page(s): 94. Decision based on Non-MTUS Citation ODG: Section: Pain, Topic: Urine drug testing.

Decision rationale: California MTUS chronic pain guidelines recommend frequent urine toxicology screens for those at high risk of abuse. ODG guidelines indicate that patients at low risk of addiction/aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk for addiction/aberrant behavior are recommended for point of contact screening up to 3 times a year with confirmatory testing for inappropriate or unexplained results. The documentation provided does not indicate aberrant behavior or moderate or high risk of abuse. As such, the first test within 6 months of initiation of therapy and subsequent tests on a yearly basis should be appropriate. The documentation provided does not indicate the rationale for urine drug testing as requested. Therefore the request for urine drug testing is not supported and the medical necessity has not been substantiated. Therefore the request is not medically necessary.

Anaprox DS 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68.

Decision rationale: California MTUS chronic pain guidelines indicate NSAIDs are recommended for osteoarthritis. 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 appeared to be superior to acetaminophen particularly for patients with moderate to severe pain. NSAIDs are recommended as an option for short-term symptomatic relief of chronic low back pain. The documentation indicates generalized widespread pain in the neck, upper back, mid back, and low back, both knees, both feet, and right upper extremity. In light of the history of moderate to severe pain and the superiority of NSAIDs compared to acetaminophen, the request for Anaprox DS 550 #60 is supported and the medical necessity is established. Therefore, the request is medically necessary.

Flurbi cream LA (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%) 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111, 112.

Decision rationale: In regard to topical NSAIDs California MTUS chronic pain guidelines indicate that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. They are indicated for short-term use in the knee and elbow. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. They are not recommended for neuropathic pain. The only FDA approved agent is Voltaren gel which is indicated for relief of osteoarthritis pain in the ankle, elbow, foot, hand, knee, and wrist. Flurbiprofen is not FDA approved for topical use. As such, the request for flurbiprofen is not supported by guidelines and the medical necessity is not established. Therefore the request is not medically necessary.