

Case Number:	CM15-0051233		
Date Assigned:	03/24/2015	Date of Injury:	10/26/2012
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/18/2015

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: 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 51 year old male who sustained an industrial injury on 10/26/12 while working as a plumber and involved his hands. He had x-rays initially which were normal, physical therapy, transcutaneous electrical nerve stimulator unit and range of motion exercises with no improvement. He currently complains of constant, sharp, pressure-like pain when bending the hands and fingers with right thumb stiffness in the mornings. His pain intensity is 7/10. Medications are naproxen, Neurontin, nortriptyline. Diagnoses include bilateral carpal tunnel syndrome, status post bilateral carpal tunnel release; depression and hypertension. Treatments to date include medications, acupuncture with good results, transcutaneous electrical nerve stimulator unit, steroid injection into left wrist with no improvement and physical therapy. Diagnostics include electromyography/ nerve conduction study (2013 and 10/14) revealed bilateral carpal tunnel syndrome. In the progress note dated 2/18/15 the treating provider's plan of care includes requesting further acupuncture since he had good results with prior treatments. In addition there is a request to increase Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 MG #60 Prescribed 2/18/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Gabapentin (Neurontin) is considered as a first-line treatment for neuropathic pain. Gabapentin should not be abruptly discontinued. Medical records documented neuropathic pain. The periodic report dated 12/19/14 documented the diagnosis of bilateral carpal tunnel syndrome, status post bilateral release surgeries. Per MTUS, Gabapentin (Neurontin) is considered as a first-line treatment for neuropathic pain. The request for Gabapentin in the patient with a history of carpal tunnel syndrome is supported by MTUS guidelines. Therefore, the request for Gabapentin is medically necessary.

Acupuncture 2 Times A Week for 3 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic) Acupuncture.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses acupuncture. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaints indicates that most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic) indicates that acupuncture is not recommended. Systematic reviews do not recommend acupuncture when compared to placebo or control. The existing evidence is not convincing enough to suggest that acupuncture is an effective therapy for CTS. The periodic report dated 12/19/14 documented the diagnosis of bilateral carpal tunnel syndrome. The treatment plan included a increase in the Neurontin dose and the continuation of Nortriptyline and Voltaren gel. The patient was not working. The work restrictions were unchanged. No clinically significant improvement in activities of daily living was documented. ACOEM 2nd Edition indicates that most invasive techniques, such as needle acupuncture, have insufficient high quality evidence to support their use. Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic) indicates that acupuncture is not recommended. Therefore, the request for acupuncture is not medically necessary.