

<b>Case Number:</b>	CM15-0087256		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	09/01/2010
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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

### 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 male, who sustained an industrial injury on 9/1/10. The injured worker has complaints of bilateral upper extremity pain; bilateral hand and wrist pain and numbness in digits 1-III. The documentation noted that on examination the injured worker has bilateral subacromial tenderness to palpation, bilateral lateral epicondyle, scapholunate, trapezium and trapezoid tenderness bilaterally. The diagnoses have included carpal tunnel syndrome; shoulder impingement syndrome; tenosynovitis of the wrists and bilateral De Quervain's tenosynovitis. Treatment to date has included magnetic resonance imaging (MRI) of the right hand and left upper extremity of 8/9/13 that showed degenerative changes at first carpal metacarpal joint and junction of the trapezium, trapezoid and scaphoid and degenerative changes in the first carpal metacarpal joint with marrow edema, cystic changes, degenerative spurring and joint space narrowing of the capsular ligamentous complex with hypertrophic changes at the first carpal metacarpal joint; bilateral soft thumb spica wrist braces for support and pain modulation while at work and occasionally while at home; pamelor; voltaren gel; occupational therapy; home exercise program and physical therapy. The request was for bilateral spica splints procure brand dispensed on 2/23/2015; electromyography/nerve conduction study of bilateral hands; voltaren 1% x 1 and pamelor (Nortriptyline) 25% x 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Bilateral spica splints Procure brand dispensed on 2/23/2015: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter/Splints Section.

**Decision rationale:** MTUS guidelines do not address the splinting of wrist except where elbow complaints are documented, therefore, alternative guidelines were consulted. The Official Disability Guidelines support the use of wrist splints in treating displaced fractures. Immobilization is standard for fracture healing although patient satisfaction is higher with splinting rather than casting. Mallet finger: treatment commonly involves splinting of the finger for six or more weeks. Splints used for prolonged immobilization should be robust enough for everyday use, and of the central importance of patient adherence to instructions for splint use. The ODG does not recommend wrist splinting for compression or in cases other than for unstable fractures. The request for bilateral spica splints Procure brand dispensed on 2/23/2015 is determined to not be medically necessary.

## **EMG/NCS of bilateral hands: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter/Nerve Conduction Studies (NCS) Section.

**Decision rationale:** The MTUS Guidelines address the use of NCS in detection of neurological abnormalities at the elbow and wrist, but for the use cervical radiculopathy it recommends the use of EMG and NCV to help identify subtle focal neurological dysfunction in patients with neck or arm symptoms lasting more than three or four weeks. The ODG does not recommend the use of NCS to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic process if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing NCS when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. The injured workers sensory-motor exam is noted to be within normal range. The request for EMG/NCS of bilateral hands is determined to not be medically necessary.

**Voltaren 1% x 1: Overturned**

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

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

**Decision rationale:** Per the MTUS Guidelines, the use of topical analgesics is recommended as an option for some agents. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Voltaren Gel 1% is FDA approved and indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The request for Voltaren 1% x 1 is determined to be medically necessary.

**Pamelor (Nortriptyline) 25% x 30: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatment Section Tricyclics Section Page(s): 156. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Anti-depressants (for pain) Section.

**Decision rationale:** Per MTUS, antidepressants are recommended in the treatment of pain. Pamelor is a Tricyclic anti-depressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. For peripheral neuropathic pain the NNT for tricyclics is 2.3, versus SSRIs of 6.8 and SNRIs. Per the ODG, Anti-depressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken. The injured workers diagnosis includes: tendinitis, degenerative joint disease and peripheral neuropathy. This request is written as pamelor 25%. It is assumed that 25 mg was intended. The request for Pamelor (Nortriptyline) 25 mg x 30 is considered to be medically necessary.