

Case Number:	CM15-0242885		
Date Assigned:	12/23/2015	Date of Injury:	04/20/2012
Decision Date:	01/25/2016	UR Denial Date:	11/19/2015
Priority:	Standard	Application Received:	12/14/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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(n) 53 year old female, who sustained an industrial injury on 4-20-12. The injured worker was diagnosed as having lumbar stenosis, right carpal tunnel syndrome and lesion of ulnar nerve of the right upper limb. Subjective findings (8-4-15, 9-1-15 and 9-29-15) indicated right wrist pain. She rates her pain 8 out of 10 at worst and 5 out of 10 after using an H-wave machine. Objective findings (9-29-15) revealed full right wrist range of motion and decreased sensation to light touch at the right dorsal hand. As of the PR2 dated 10-27-15, the injured worker reports right wrist pain. She rates her pain 7 out of 10 at worst and 4-5 out of 10 after using an H-wave machine. She also noted being able to do the dishes better and laundry better with less pain with use of H-wave. Objective findings include full right wrist range of motion and decreased sensation to light touch at the right dorsal hand. Current medications include Diclofenac cream, Gabapentin, Baclofen and Buprenorphine (since at least 5-5-15). Treatment to date has included occupational therapy for the hands, an EMG-NCS of the upper extremities on 8-24-15 with normal results and a TENS unit. The Utilization Review dated 11-19-15, non-certified the request for Buprenorphine 0.25mg #60 and modified the request for an H-wave stimulator with supplies (indefinite) to an H-wave stimulator with supplies x 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave stimulator with supplies (indefinite): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: According to the guidelines an H-wave unit is not recommended but a one month trial may be considered for diabetic neuropathic pain and chronic soft tissue inflammation if used with a functional restoration program including therapy, medications and a TENS unit. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain. In this case the length of use is longer than a trial period for a month. Indefinite use is not recommended and future response cannot be predicted or justified. Therefore the request for the purchase of an H-wave unit is not medically necessary.

Buprenorphine 0.25mg SL troches #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

Decision rationale: Buprenorphine is used for treatment of opioid addiction or for chronic pain after detoxification of opioid use. Its use as a patch has been used due to the advantages of no analgesic ceiling, good safety profile and ability to suppress opioid withdrawal. In this case there is no mention of opioid addiction or need for opioid detoxification. The claimant was on Buprenorphine for several months and recent reports from August 2015 indicated it showed in the urine when it was not prescribed. Long-term and continued use is also not justified. As a result, the use of Buprenorphine is not medically necessary.