

<b>Case Number:</b>	CM14-0148096		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	05/08/2012
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 56 year old female who developed bilateral wrist and upper extremity complaints in work-related accident on 04/15/11 when she was pulling a cart of files that flipped over. The medical records provided for review documented that the claimant is also being treated for psychological and memory issues. The medical records specific to the claimant's right wrist included electrodiagnostic studies from 05/09/13 showing bilateral C5 acute radiculopathy and moderate right carpal tunnel syndrome. Documentation of conservative treatment included medication management and a night splint. The office visit dated 07/25/14 noted continued complaints of headaches and upper extremity pain. Physical examination showed diminished bilateral grip strength and diminished sensation to the first, second and third digits of the bilateral hands. There were no other formal clinical findings documented. The diagnosis was radiculopathy and carpal tunnel syndrome. The recommendation was made for continued use of Naprosyn, hydrocodone and surgery for carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carpel Tunnel Release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Current Status of Outcome Research in Carpal, Tunnel Surgery Kevin C. Chung Hand (2009) 19-13.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270.

**Decision rationale:** California ACOEM Guidelines do not support the request for carpal tunnel release surgery. The medical records document that the claimant has conflicting findings of carpal tunnel syndrome and radiculopathy. The claimant's most recent physical examination failed to demonstrate specific clinical findings to support the diagnosis of carpal tunnel syndrome. ACOEM Guidelines recommend that carpal tunnel syndrome must be proven by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Based on the documentation of the claimant's underlying radiculopathy and lack of clinical correlation between the claimant's physical examination findings and current carpal tunnel diagnosis, the need for carpal tunnel release cannot be recommended as medically necessary.

**Naproxen Sodium tablets 550mg quantity 120.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Current Status of Outcome Research in Carpal, Tunnel Surgery Kevin C. Chung Hand (2009) 19-13.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** California MTUS Chronic Pain Guidelines do not support continued use of Naproxen, a nonsteroidal medication. The Chronic Pain Guidelines recommend that all nonsteroidal medication should be used at the lowest dose possible for the shortest period of time possible. This individual has been utilizing the medication chronically. Given current clinical findings, there is no documentation to explain why chronic and continued use of Naproxen would be necessary and there is no documentation that the claimant receives significant benefit or improvement with its use.

**Hydrocodone/APAP tablets 5/mg 325mg quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Current Status of Outcome Research in Carpal, Tunnel Surgery Kevin C. Chung Hand (2009) 19-13.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria for Use Page(s): 76-80.

**Decision rationale:** The California MTUS Chronic Pain Guidelines do not support continued use of hydrocodone as there is no indication for continued use of narcotics in this individual. The Chronic Pain Guidelines would only recommend continued use of a narcotic when there is improved level of function and decreased pain. There is no documentation of efficacy or benefit from hydrocodone in the medical records provided for review. Also, the use of short-acting

opioid analgesics is typically not considered as treatment in the chronic setting of carpal tunnel syndrome. Request for continued use of this agent would not be supported.