

Case Number:	CM14-0098128		
Date Assigned:	07/28/2014	Date of Injury:	03/01/2011
Decision Date:	09/22/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/26/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 32-year-old female who reported an injury on 03/01/2011. The injured worker reportedly slammed her right upper extremity in a filing cabinet. The injured worker is status post bilateral carpal tunnel release in 2012 and 2013. Previous conservative treatment included medication management, physical therapy and bracing. Current diagnoses include entrapment neuropathy in the upper limb and extremity pain. The injured worker was evaluated on 06/19/2014 with complaints of persistent upper extremity pain. The injured worker also reported activity limitation and poor sleep quality. The current medication regimen includes Lidoderm 5% patch, Voltaren 1% gel Ambien 10 mg, Norco 10/325 mg and Diazepam 5 mg. It is noted that the injured worker had failed treatment with Topamax, Lyrica and Gabapentin. The injured worker underwent an MRI of the left wrist on 05/31/2013. Physical examination of the right upper extremity revealed restricted right elbow range of motion, limited flexion, limited extension, tenderness to palpation over the medial epicondyle, positive Tinel's testing and Phalen's testing in the right wrist, restricted right wrist range of motion. The injured worker had swelling of the left wrist, and tenderness to palpation over the TFCC region. The injured worker also demonstrated painful and limited range of motion of the right hand with decreased sensation over the medial nerve, thumb and little finger. Treatment recommendations included acupuncture, a paraffin wax unit, a left wrist brace, and continuation of the current medication regimen. A request for authorization form was previously submitted on 05/29/2014 for Ambien, Norco, Voltaren gel, Lidoderm patch, a paraffin wax unit, and a left wrist brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% GEL 100GM TUBE X 2: Upheld

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

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

Decision rationale: The California MTUS Guidelines state the only FDA approved topical NSAID is Diclofenac 1% gel, which is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment. The injured worker does not maintain diagnoses of osteoarthritis. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Norco 10/325MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication for an unknown duration. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Ambien 10MG #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines recommend insomnia treatment based on etiology. The injured worker does not maintain a diagnosis of insomnia. There is also no documentation of a failure to respond to non-pharmacologic treatment. There is no frequency listed in the request. As such, the request is not medically appropriate.

Parafin wax unit: Upheld

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

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, Paraffin Wax Bath.

Decision rationale: The Official Disability Guidelines recommend paraffin wax bath as an option for arthritic hands if used as an adjunct to a program of evidence based conservative care. The injured worker does not maintain a diagnosis of osteoarthritis. There is also no frequency of treatment or specific body part listed in the current request. As such, the request is not medically appropriate.

Acupuncture X 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Acupuncture.

Decision rationale: The California MTUS Guidelines state acupuncture is used an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. The current request for 12 sessions of acupuncture exceeds guideline recommendations. Additionally, the Official Disability Guidelines state acupuncture treatment is not recommended for the forearm, wrist and hand. There is also no specific body part listed in the request. As such, the request is not medically appropriate.