MAXIMUS Federal Services

Case Number:	CM15-0000292		
Date Assigned:	01/09/2015	Date of Injury:	10/13/2006
Decision Date:	03/06/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/02/2015

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: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic Surgery

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 52-year-old male, who sustained an industrial injury on 10/13/2006. He has reported hurting his neck. There was documentation of a history of a left elbow injury and complaint of bilateral hand tingling and numbness, left greater than right. He underwent cervical fusion in June 2011. The diagnoses have included left triceps tendon rupture that was surgically treated June 2013 for left elbow triceps tendon rupture with elbow tendon transfer. The left elbow was re-injured September 2013 requiring revision and tendon grafting. Treatment to date has included left elbow brace, physical therapy, NSIAD, and rest. Currently, the IW complains of bilateral hand tingling and numbness left greater than right. Pain rated 4-6/10 VAS and getting worse. Additional symptoms reported included difficulty grasping objects, decreased fine motor control, and bilateral night neuropraxia. Current diagnoses listed included bilateral carpal/cupital tunnel syndrome status post avulsion injury and chronic left triceps rupture status post repair. Electromyogram (EMG) completed bilaterally 7/22/14 was documented to reveal motor slowing below left elbow to wrist, acute axonal loss distally with increased axonal loss since a 2011 study.On 12/5/2014, Utilization Review certified Norco 10-325 mg #40 and modified certification of Valium 5 mg QTY # 10 from 12/5/14 to 2/3/2015. On 12/5/2014, Utilization Review non-certified a outpatient left carpal tunnel release, pharmacy purchase of Norco 10-325 mg #40, Lunesta 2 mg #30 with 1 refill, Valium 5 mg #30 and eight (8) session of massage therapy with ultrasound, noting the documentation was insufficient. The MTUS, ACOEM Guidelines, and Official Disability Guidelines were cited. On 1/2/2015, the injured worker submitted an application for IMR for review of outpatient left carpal tunnel release, Norco 10-

325 mg QTY 40, Lunesta 2 mg QTY # 30 with 1 refill, valium 5 mg QTY #30, and eight (8) sessions of massage therapy with ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left carpal tunnel release: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 and 272.

Decision rationale: The patient is a 52-year-old male with a stated diagnosis of left carpal tunnel syndrome. Documentation from 10/1/14, notes that the patient complains of bilateral hand numbness and tingling with the left side greater than the right. EMG on 7/22/14 is noted to show normalization of the left median motor component and improvement in the left median sensory component. Examination of the wrist notes negative Phalen's, negative Tinels's and negative carpal compression test. Assessment is that the left carpal tunnel syndrome is unchanged and the right carpal tunnel syndrome is worsened. Recommendation is made for left carpal tunnel release given the symptoms and would later require right carpal tunnel release. The electrodiagnostic studies from 7/22/14 were not provided for review. Based on the medical records provided for review there is insufficient documentation of a left carpal tunnel syndrome that would likely benefit from a surgical release. There is insufficient evidence to conclude that the patient has a severe condition, as there is not clear documentation of a severe condition on electrodiagnostic studies or that the patient has findings of thenar atrophy or other stigmata of a severe condition. Conservative management should be considered and be well documented, which has not been done. From ACOEM, Chapter 11, page 270, Surgical Considerations: Referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management, including worksite modifications, and have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. As stated, there is insufficient documentation of conservative management from the medical records provided. Specifically with respect to carpal tunnel surgery: Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest postsurgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. From table 11-7, page 272, splinting is first-line conservative management for carpal tunnel syndrome and steroid injection after failure of splinting and medication. This would not be the case for a documented severe condition, which has not been demonstrated for this patient. As stated, CTS must be proved by positive findings on clinical examination. The patient's examination notes negative results for typical findings of carpal tunnel syndrome including Phalen's, Tinel's and carpal compression. In addition, the diagnosis should be supported by electrodiagnostic studies. The patient is noted to

have an unchanged sensory component and a resolution of the motor component. The actual results were not provided as well. Finally, as there is not clear indication for a severe component, reasonable conservative management should be documented which has not been done for this patient. Thus, left carpal tunnel release in this patient should not be considered medically necessary. However, the UR has an apparent overly restrictive view for indications for surgical release including only those that document a severe condition. This does not appear to be consistent with guidelines.

Purchase of Norco 10/325mg #40 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, When to continue Opiods Page(s): 80.

Decision rationale: The patient is a 52-year-old male who is documented to have undergone recent surgery and treated for a recent anal fistula. His pain is noted to be a 6/10. He is noted to have functional improvement with use of pain medications. Patient was provided with relevant medication education. The pain management regimen is noted to assist with daily function and without adverse side effects. In summary, the patient has an acute pain event in association with a chronic pain condition. Relevant opiod use for acute pain is well recognized. In addition, from Chronic pain treatment guidelines, When to Continue Opioids, (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. As stated above the patient has improved his function that has allowed him to perform activities of daily living. In addition, he has additional acute pain from recent surgery and recent hospitalization from an anal fistula. Thus, it is medically necessary to continue his opioids on an acute basis and then consider weaning after resolution of the acute event. The UR did not appear to take into account the recent acute exacerbation of his pain.

Lunesta 2mg #30 with 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lunestra

Decision rationale: The patient is noted to have continued ability to fall asleep, stay asleep and awaken feeling well rested with the use of Lunestra. As reasoned by the UR, there is insufficient documentation of sleep hygiene and past treatments failed. As this medication had been previously approved, it is reasonable to assume that previous failed treatments had been documented. The patient is noted to have had success with this medication and ODG notes that Lunestra has proven efficacious, approved for use greater than 35 days and abrupt disruption can cause withdrawal. Based on this reasoning, this medication should not be abruptly withdrawn and should be continued based on ODG guidelines.

Valium 5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepenes, Muscle relaxants (for pain) Page(s): 24 and 63-66.

Decision rationale: The patient is noted to have continued benefit from the use of Valium 5 mg prn for his industrial related anxiety and muscle spasms. He was seen for follow-up after previous 2 months previously. From Chronic Pain Medical Treatment Guidelines page 24, benzodiazepenes are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton,2005).Based on these guidelines, the patient has exceeded a 4-week use and other treatments should be considered for the patient's anxiety. Thus, valium as ordered should not be considered medically necessary, but a taper should be instituted as recommended by the UR. In addition, benzodiazepines are not recommended for treatment of muscle spasms due to rapid development of tolerance and dependence. There appears to be little benefit for the use of this class of drugs over nonbenzodiazepines for the treatment of spasm.

Eight sessions of massage therapy with ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (Hasson, 2004) (Mitchinson, 2007)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: The patient is noted to have been recommended for massage therapy from documentation dated 11/25/14. This report was not provided for this review. Thus, based on the medical records that were provided, it is unclear the exact use for this modality. As stated from the UR based on the chronic pain treatment guidelines, this therapy should be considered as an adjunct to other recommended treatment. As the 11/25/14 note was not provided, this cannot be adequately ascertained. Therefore, based on the documentation provided for this review, this treatment should not be considered medically necessary. Massage therapy is recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment; dependence should be

avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain.(Hasson, 2004) A very small pilot study showed that massage could be at least as effective as standard medical care in chronic pain syndromes. Relative changes are equal, but tend to last longer and to generalize more into psychologic domains. (Walach 2003) The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. The physician should feel comfortable discussing massage therapy with patients and be able to refer patients to a qualified massage therapist as appropriate. (Corbin 2005) Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery, according to the results of a randomized controlled trial recently published in the Archives of Surgery. (Mitchinson, 2007)