

Case Number:	CM15-0013628		
Date Assigned:	02/02/2015	Date of Injury:	12/13/2010
Decision Date:	03/25/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/23/2015

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: Physical Medicine & Rehabilitation

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 (IW) is a 57 year old female who sustained an industrial injury on 12/13/2010. She has reported burning, throbbing, pins and needles, numbness and tingling of the hands . Diagnoses include Carpal Tunnel Syndrome, and radial styloid tenosynovitis. Treatments to date include medications and nerve studies. In a progress note dated 12/09/2014 the treating provider reports that there is no tenderness to palpation anywhere in the wrist, there was no evidence of wrist instability, and neurovascular status was intact with good capillary refill in all digits, and no gross weakness or numbness of the fingers. Sensation was intact to light touch and pinprick in all dermatomes in the bilateral upper extremities. Two point discrimination was within normal limits. On 01/08/2015 Utilization Review non-certified a request for TENS unit (purchase, rental, or body part not provided), noting the guidelines do not recommend tens as an isolated therapeutic intervention. Based on currently available information, the medical necessity for a tens unit has not been established. The MTUS Chronic Pain was cited. On 01/08/2015 Utilization Review non-certified a request for Neurontin (no dosage or quantity provided), noting the medical necessity has not been established for this medication The MTUS, ACOEM Guidelines, (or ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit (purchase, rental, or body part not provided): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy trial Page(s): 114-116.

Decision rationale: According to the 12/09/2014 report, this patient presents with pain at the bilateral hand and wrist; symptoms remain the same, burning, throbbing, pins-and-needles, numbness and tingling, 5-7 on the pain scale, constantly. The current request is for TENS unit - purchase, rental, or body part not provided. The patient's work status is full duties. Regarding TENS units, the MTUS guidelines state not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option and may be appropriate for neuropathic pain. The guidelines further state a rental would be preferred over purchase during this trial. Review of the provided medical records shows that the patient has neuropathic pain and there is no indication that the patient has trialed a one-month rental to determine whether or not a TENS unit will be beneficial. The current request does not indicate if this request is for a one-month trial or for purchase. Therefore, the request IS NOT medically necessary.

Neurontin (no dosage or quantity provided): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic (AKA anti-convulsants) drugs Page(s): 18-19.

Decision rationale: According to the 12/09/2014 report, this patient presents with symptoms remain the same, burning, throbbing, pins-and-needles, numbness and tingling, 5-7 on the pain scale, constantly. The current request is for Neurontin (no dosage or quantity provided). Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, MTUS Guidelines recommend for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Review of the provided reports indicates that the patient has neuropathic pain. The ODG guidelines support the use of anti-convulsants for neuropathic pain. However, the treating physician did not provide discussion regarding the efficacy of the medication. MTUS page 60 requires that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. The request IS NOT medically necessary.