

Case Number:	CM15-0122603		
Date Assigned:	07/06/2015	Date of Injury:	10/30/1994
Decision Date:	08/10/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/24/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 54 year old female who sustained an industrial injury on October 30, 1994. She reported tripping and falling onto her hands and knees. The injured worker was diagnosed as having left carpal tunnel syndrome, left cubital tunnel syndrome, right carpal tunnel syndrome, and right cubital tunnel syndrome. Medical history also includes hypertension. Treatments and evaluations to date have included cortisone injections, acupuncture, x-rays, MRIs, chiropractic treatments, bracing, and medication. Currently, the injured worker complains of left and right wrists and hand pain. The Treating Physician's report dated May 20, 2015, noted the injured worker reported acupuncture treatments had provided her with significant relief in the past and would like to undergo this treatment for more pain in the left wrist and hand. The injured worker was noted to have constant numbness, tingling, and electrical pain that radiates up the arm and into the elbows, with pain with many movements, with the right and left wrists basically equally symptomatic. Physical examination was noted to show the left wrist/forearm with the presence of carpal tunnel signs with positive Phalen's and Tinel's signs, and tenderness at the dorsal wrist and carpal tunnel. The right wrist/forearm examination was noted to show the presence of carpal tunnel signs with positive Phalen's and Tinel's signs, and tenderness at the dorsal wrist and carpal tunnel, with pain present with certain movements of range of motion. The treatment plan was noted to include a request for authorization for twelve sessions of acupuncture for the bilateral wrists and hands, continued bracing as needed, and recommendation for a trial of Lidoderm patches and Voltaren to reduce the injured worker's pain and inflammation in the wrists. The injured worker was noted to be working full time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 75 Mg, Qty. 60 + 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroid anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: diclofenac.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines recommend non-steroid anti-inflammatory drugs (NSAIDs) for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. The FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect. NSAIDs are recommended with precautions for patients with hypertension as they can increase blood pressure by an average of 5 to 6 mm in patients with hypertension. They may cause fluid retention, edema, and rarely, congestive heart failure. Blood pressure should be measured and patients should be evaluated for evidence of fluid excess in normotensive patients within 2-4 weeks of beginning treatment and on each visit. Voltaren (diclofenac sodium) is a nonselective NSAID. The injured worker was noted to have a medical history of hypertension and high cholesterol. The most recent examination did not include documentation of blood pressure monitoring. Previous Physician visits noted the injured worker with blood pressure issues, elevated blood pressure evaluations, and a weight gain of approximately 100 pounds since the date of her injury. The documentation provided did not include any laboratory evaluations. Diclofenac (voltaren) has a higher cardiovascular risk profile than many other NSAIDs, and should not be the first choice for an NSAID. The treating physician has not provided any indications for using diclofenac rather than other, safer NSAIDs. Based on the injured worker's cardiac risk factors of hypertension, weight gain, and high cholesterol, the request for Voltaren 75 Mg, Qty. 60 plus one refill is not medically necessary.

Lidoderm Patches Qty. 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines lidoderm, Topical analgesics Page(s): 56-57, 111-113.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of anti-depressants and

anti-convulsants have failed. The guidelines note that Lidocaine is indicated for neuropathic pain, recommended for localized peripheral pain after there has been evidence of a trial of first-line anti-depressants or anti-epilepsy drugs. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidocaine is not recommended for non-neuropathic pain. The documentation provided failed to include any documentation of failed trials of anti-depressants or anti-convulsants prior to use of the topical analgesic. The Physician requested a trial of Lidoderm patches, with documentation provided that the injured worker used the Lidoderm patches previously with the most recent documentation dated July 10, 2014, noting the injured worker using the patches during the daytime. The documentation provided did not include documentation of objective, measurable improvement in the injured worker's pain, function, activities of daily living (ADLs), or quality of living with the use of the Lidoderm patches. The site of application was not specified. Based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for Lidoderm Patches Qty. 60.

Acupuncture For Bilateral Wrists Qty. 12: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS recommends acupuncture may be used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, and decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Time to produce functional improvement is three to six treatments, at a frequency of one to three times a week, over an optimum duration of one to two months. The MTUS states that acupuncture may be extended if functional improvement is documented. Functional improvement is noted to mean a clinically significant improvement in activities of daily living, reduction in work restrictions, and a reduction in the dependency on continued medical treatment. The injured worker reported having acupuncture in the past with significant relief. The documentation provided did not include any previous acupuncture treatment documentation, including dates of service, duration of treatments, and results of treatments. The record did not include any documentation of objective, measurable improvement in the injured worker's pain, function, activities of daily living (ADLs), or reduced medical interventions with previous acupuncture treatments. Therefore, based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for Acupuncture for the bilateral wrists Qty. 12.