

Case Number:	CM15-0074249		
Date Assigned:	04/24/2015	Date of Injury:	11/28/2009
Decision Date:	07/09/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/18/2015

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, Hospice & Palliative 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:

This 58 year old female sustained an industrial injury to bilateral upper extremities on 11/28/10. Previous treatment included magnetic resonance imaging, electromyography, bilateral carpal tunnel release, acupuncture, physical therapy and medications. In the most recent PR-2 submitted for review, dated 8/13/14, the injured worker complained of intermittent pain to the left shoulder and arm rated 5/10 on the visual analog scale. Current diagnoses included right carpal tunnel syndrome, bilateral shoulder joint pain, repetitive strain injury and left carpal tunnel syndrome. The treatment plan included additional acupuncture twice a week for six weeks and medications (Norco, Voltaren gel, Mobic, Neurontin and Tramadol).

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 7.5mg #100 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Meloxicam is a medication in the selective non-steroidal anti-inflammatory drug (NSAID) class. The MTUS Guidelines support the use of NSAIDs in managing osteoarthritis-related moderate to severe pain but stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted documentation indicated the worker was experiencing pain in the left shoulder and elbow and in both wrists and hand weakness. The recorded pain assessments were minimal and did not include many of the elements encouraged by the Guidelines, such as an individualized risk assessment. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 100 tablets of meloxicam 7.5mg with three refills is not medically necessary.

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, page 124.

Decision rationale: Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing pain in the left shoulder and elbow and in both wrists and hand weakness. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no discussion detailing how this medication improved the worker's function, describing how often the medication was needed and used by the worker, exploring the potential negative side effects, or providing an individualized risk assessment. In the absence of such evidence, the current request for 60 tablets of Norco (hydrocodone with acetaminophen) 5/325mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

Voltaren 1% topical gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Voltaren (diclofenac) 1% gel is the medication and strength approved by the FDA. The submitted and reviewed documentation indicated the worker was experiencing pain in the left shoulder and elbow and in both wrists and hand weakness. There were no recent records demonstrating improved pain intensity or function with this medication, detailing how it was to be used, or describing special circumstances that sufficiently supported this request. Further, the request was for an unspecified amount medication, which would not account for changes in the worker's care needs. For these reasons, the current request for an indefinite supply of Voltaren (diclofenac) 1% topical gel is not medically necessary.

Dispensed wrist brace, thumb, amb-dex, classic: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 19, 42, and 253-278.

Decision rationale: The ACOEM Guidelines support the use of wrist braces in some cases of pronator syndrome, although the literature is insufficient to demonstrate significant benefit in most cases. The Guidelines support the use of wrist splints in cases of DeQuervain's tendonitis and carpal tunnel syndrome that are not severe as part of conservative management that includes treatment also with acetaminophen then non-steroidal anti-inflammatory drugs for four weeks before considering steroid injections. Initial and conservative management of carpal tunnel syndrome should include neutral wrist splinting at night with consideration for day splinting as needed to decrease pain. Splinting should not be used for a prolonged amount of time and should not interfere with body functioning. The submitted and reviewed documentation indicated the worker was experiencing pain in the left shoulder and elbow and in both wrists and hand weakness. There were no recent records detailing any of the above situations, indicating how the brace was to be used, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for the dispensed wrist brace thumb, amb-dex, classic is not medically necessary.

Additional 6 acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture when pain medication is not tolerated or can be reduced with this treatment. It can also be used alongside rehabilitation and/or surgery to speed recovery. Some accepted goals include a decreased pain level, improved nausea caused by pain medications, increased range of joint motion, improved relaxation with anxiety, and reduced muscle spasms. Acupuncture treatment can include the use of electrical stimulation. Functional improvement is expected within three to six treatments. The Guidelines support having acupuncture treatments one to three times per week for up to one to two months. The submitted and reviewed documentation indicated the worker was experiencing pain in the left shoulder and elbow and in both wrists and hand weakness. There was no discussion suggesting a significant issue with pain medication, indicating the worker would have rehabilitation together with this therapy, specifying the goals of this treatment, providing the reason additional treatments would be expected to be of benefit, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for six additional acupuncture sessions is not medically necessary.