

Case Number:	CM15-0096034		
Date Assigned:	05/26/2015	Date of Injury:	04/16/2003
Decision Date:	06/24/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/19/2015

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, Indiana, New York
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 56-year-old female who sustained an industrial injury on 4/16/03 involving her neck, bilateral wrists and right knee. She currently complains of bilateral wrist pain, low back, right leg and right knee pain. She has neck pain, stiffness and headache. On physical exam there was tenderness on palpation in the paraspinous musculature of the cervical spine with spasms on the right and decreased range of motion; bilateral wrist exam reveals some pain with range of motion, Tinel's sign is positive on the left, Phalen's sign is positive on the left and there is diffuse forearm tenderness; the right knee shows tenderness on palpation. Diagnoses include multi-level cervical disc desiccation and bulging with facet syndrome; right shoulder impingement syndrome; left carpal tunnel syndrome; right knee pain following arthroscopy X2; lumbar strain; depression; status post right carpal tunnel release; insomnia; headaches. Diagnostics include electromyography/ nerve conduction studies of the wrists were abnormal (2/6/15) showing evidence of carpal tunnel syndrome. In the progress note, dated 4/8/15 the treating provider's plan of care includes request for bilateral wrist braces for nocturnal use, as both wrists are bothering her; Motrin 800 mg # 90 with three refills as needed to decrease her symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Motrin 800 mg #90 with 3 refills is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are multilevel cervical disc desiccation and bulging with facet syndrome; right shoulder impingement syndrome; left carpal tunnel syndrome; right knee pain status post arthroscopy times to; lumbar strain; depression; status post right carpal tunnel release November 2012; insomnia; and headaches. The documentation shows the injured worker was taking diclofenac twice daily in a progress note dated October 2 2014. The medical record documentation jumps ahead to April 8, 2015. The documentation shows the injured worker is now taking Motrin 800 mg. Diclofenac is no longer documented in the medical record. There is no clinical documentation of objective functional improvement with ongoing Motrin. Additionally, the start date for Motrin is unclear based on the medical record documentation (or absence of documentation medical record). According to the April 8, 2015 progress note, the injured worker has subjective complaints of bilateral wrist pain. Objectively, however, there were no clinical signs of carpal tunnel syndrome on the right. Physical examination showed a positive Tinel's sign and Phalen's sign on the left. They (signs) were negative on the right. In addition, additional refills are not clinically indicated in the absence of objective functional improvement. Consequently, absent clinical documentation with objective functional improvement with an imprecise start date and three additional refills (four months total prescription); Motrin 800 mg #90 with 3 refills is not medically necessary.

Bilateral wrist braces for nocturnal use: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265, 270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpel tunnel syndrome, Braces.

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, bilateral wrist brace for nocturnal use is not medically necessary. The ACOEM states initial treatment of CPS should include night splints. Basic lens can be considered for patient comfort as needed to reduce pain, along with work modifications. When treating a patient with a splint and carpal tunnel syndrome, scientific evidence supports efficacy of neutral wrist splints. Splinting should be at night and maybe use during the day depending on activity. Splinting is recommended in the neutral position at night and day as needed, as an option in conservative treatment. Your statement when treating with a splint, there is scientific evidence to support the efficacy of

neutral wrist splints in carpal tunnel syndrome and it may include full-time split where instructions as needed versus night only. In this case, the injured worker's working diagnoses are multilevel cervical disc desiccation and bulging with facet syndrome; right shoulder impingement syndrome; left carpal tunnel syndrome; right knee pain status post arthroscopy times to; lumbar strain; depression; status post right carpal tunnel release November 2012; insomnia; and headaches. According to the April 8, 2015 progress note, the injured worker has subjective complaints of bilateral wrist pain. Objectively, however, there were no clinical signs of carpal tunnel syndrome on the right. Physical examination showed a positive Tinel's sign and Phalen's sign on the left. They (signs) were negative on the right. Although the injured worker had persistent pain in the right wrist, there were no objective findings of carpal tunnel syndrome. In the absence of objective findings of carpal tunnel syndrome on the right, wrist brace for nocturnal use (on the right) is not clinically indicated. Consequently, absent objective clinical documentation of carpal tunnel syndrome on the right, bilateral wrist brace for nocturnal use is not medically necessary.