MAXIMUS Federal Services

Case Number:	CM15-0097880		
Date Assigned:	05/29/2015	Date of Injury:	08/17/2012
Decision Date:	09/29/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/20/2015

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: Preventive Medicine, Occupational 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 64 year old female, who sustained an industrial/work injury on 8/17/12. She reported initial complaints of upper extremity pain (right hand). The injured worker was diagnosed as having carpal tunnel syndrome on the right, s/p release; stenosing tenosynovitis along the A1 pulley on the right long finger, thumb on right, index and little finger and chronic pain syndrome. Treatment to date has included medication, physical therapy, surgery (carpal tunnel release on 6/30/14. Currently, the injured worker complains of ongoing pain from the fingers up to the shoulder on the left side, numbness and tingling along her hand with triggering of the index and little finger. Per the primary physician's progress report (PR-2) on 4/28/15, examination revealed tightness of the flexors of the long finger and difficulty reaching the palm, tenderness along the A1 pulley, without actual triggering. There is some Tinel's along the wrist with tenderness alone the carpal tunnel area. Current plan of care included transcutaneous electrical nerve stimulation (TENS) unit, medication, nerve studies, lab studies, and cortisone injection. The requested treatments include laboratory tests: liver and kidney function, comprehensive metabolic panel, CBC (complete blood count), and UA (urinalysis), Nalfon 400 mg, Trazadone 50 mg, Protonix (dose unspecified), Neurontin 600 mg, Lunesta 10 mg, Effexor XR 75 mg, Four lead transcutaneous electrical nerve stimulation (TENS) unit with conductive garment, and cortisone injection along trigger finger, mainly right index finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laboratory tests: liver and kidney function, comprehensive metabolic panel, CBC, and UA: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: The ACOEM Practice Guidelines do not recommend routine laboratory testing as a technique to identify or define upper extremity pathology except in cases where cancer or infection is suspected as the pain generator or cause of symptoms. For most cases presenting with true carpal tunnel disorders, special studies are usually not needed until after a period of conservative care and observation. Laboratory tests: liver and kidney function, comprehensive metabolic panel, CBC, and UA are not medically necessary.

Nalfon 400 mg. #60: Upheld

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

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

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Nalfon 400 mg. #60 is not medically necessary.

Trazadone 50 mg. #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR Electronic Library Oniine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antidepressants for chronic pain.

Decision rationale: Trazodone is a tetracyclic antidepressant used to treat depression and anxiety disorders. The Official Disability Guidelines recommend numerous antidepressants in a number of classes for treating depression and chronic pain. Trazodone is not contained within the current recommendations by the ODG. Trazadone 50 mg #60 is not medically necessary.

Protonix #60 (dose unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor Protonix. Protonix #60 (dose unspecified) is not medically necessary.

Neurontin 600 mg. #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-iepilepsy drugs (AEDs), Neurontin Page(s): 19.

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Neurontin 600 mg. #90 is not medically necessary.

Lunesta 10 mg. #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia treatment.

Decision rationale: The Official Disability Guidelines do not recommend the long-term use of any class of sleep aid. The patient has been taking Lunesta longer than the maximum recommended time of 4 weeks. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Lunesta 10 mg. #30 is not medically necessary.

Effexor XR 75 mg. #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Venlafaxine (Effexor).

Decision rationale: Recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor) is a member of the Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. Effexor XR 75 mg. #60 is not medically necessary.

Four lead TENS unit with conductive garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 114-115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is no documentation that a trial period with a rented TENS unit has been completed.
Purchase of a TENS unit is not medically appropriate. Four lead TENS unit with conductive garment is not medically necessary.

Cortisone injection along trigger finger, mainly right index finger: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), Injection (Not including: Carpal Tunnel Syndrome).

Decision rationale: According to the Official Disability Guidelines, hand and wrist injections are recommended for hypertrophic scars, keloids, trigger finger, and de Quervain tenosynovitis. There is no documentation that the patient has symptoms of trigger finger. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. Cortisone injection along trigger finger, mainly right index finger is not medically necessary.