

Case Number:	CM14-0141635		
Date Assigned:	09/10/2014	Date of Injury:	02/03/2006
Decision Date:	10/21/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 31 year old female who had a work related injury on 02/03/06. The mechanism of injury was not described. The most recent clinical documentation submitted for review was dated 08/21/14. The injured worker reported pain in distal hand increased to 9 at rest up from 5 to 6 last visits. Also noted was numbness and tingling from the right shoulder down to her fourth finger and burning at elbow. She reported decreased staffing and increased workload unchanged. There was soreness at right anterior shoulder and elbow with paresthesia reported at right ring finger. The patient reported hearing clicking in her wrist for last three weeks. She is working six hours with accommodation but felt, other than the five pound weight restriction, the accommodations were not met. She types four hours a day and does not use a brace while typing. She used naproxen BID, acetaminophen BID, Norco one BID after work and at bedtime, and Gabapentin 600mg BID. She used elbow sleeve at night and right wrist brace broke. No lost time from work since last visit. Her last physical therapy four to six months ago helped. A physical examination revealed mild edema, warmth, and tight right trapezius moderately severe trigger point tenderness. She had mild to moderate edema on the right neural foramen extensor forearm extensors, lateral epicondyle, no edema in the fingers and moderate spasm at trapezius and rhomboids worse right than left. Mild tenderness to palpation lateral epicondyle extensor insertion. Resisted strength 5/5 all major muscle groups except rotator cuff and Tinel at right elbow and wrist positive. She also had mildly positive Spurling on the right. Her range of motion at the right shoulder was full with mild to moderate pain at endpoint abduction greater than 120 degrees and her range of motion cervical spine full in all planes without pain. There was pain with external rotation right shoulder with good range of motion external and internal rotation. Gross sensation fourth finger was intact. Subjective decreased sensation with light stroking right fourth distal finger. Her EMG was within normal limits. Grip test right 52 55

52/55/64 and the Left 59/53/59. Diagnoses of elbow injury, carpal tunnel syndrome and Sprain strain cervical spine. Plan was to continue medications and naproxen, acetaminophen, Norco, gabapentin. Prior utilization review on 07/29/14 denied the wrist brace, four visits for myofascial therapy and naproxen. Norco and gabapentin were partial certifications to initiate weaning. In review of the clinical records, there was no VAS with and without medication. And really no documentation of functional benefit from treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrist brace: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel chapter, Splinting

Decision rationale: The request for Wrist brace is medically necessary. The guidelines support the request. Recommend splinting of wrist in neutral position at night & day prn, as an option in conservative treatment. Therefore medical necessity has been established.

Four (4) myofascial therapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: The request for Four (4) myofascial therapy visits is not medically necessary. The injured worker has had prior manual therapy in the past and there is no documentation of functional benefit from treatment. As such, medical necessity has not been established

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute

exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the patient is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for this medication cannot be established as medically necessary.

Norco 10/325mg #60 twice a day as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician. This request is not medically necessary.

Gabapentin 600mg #60 twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: As noted on page 49 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend Gabapentin for the treatment of neuropathic pain. The clinical documentation fails to establish the presence of objective findings consistent with neuropathy. As such, the request for Gabapentin cannot be recommended as medically necessary. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician. The request is not medically necessary.