

Case Number:	CM14-0142071		
Date Assigned:	09/10/2014	Date of Injury:	10/05/2012
Decision Date:	10/07/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/03/2014

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 Occupational 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:

There were 316 pages provided for this review. The request for independent medical review was signed on September 2, 2014. The issues were 90 tablets of Norco there was modified to 68, and 12 physical therapy sessions there was modified down to six. Also a left carpal tunnel release was non-certified, a cervical collar was non-certified and 60 Naproxen 550 mg was non-certified. Per the records provided, the claimant is a 48-year-old female injured back in the year 2012. The patient was being treated for shoulder impingement with bicipital tendinitis, discogenic cervical condition with a radicular component to the upper extremities, bilateral cubital tunnel syndrome, bilateral radial tunnel syndrome, bilateral carpal tunnel syndrome, status post decompression on the right, carpometacarpal joint inflammation of the thumb bilaterally, stenosis and tenosynovitis of the index finger and long finger on the right as well as elements of stress depression and anxiety and other issues. As of July 23, 2014 there is persistent neck pain and pain down the arm with numbness, tingling and weakness. There is persistent pain in both hands along the carpal tunnel area with numbness and tingling in weakness. The patient uses a brace and hot and cold wraps as well as a nighttime brace for carpal tunnel syndrome. The patient has exhausted conservative treatment. There is tenderness along the cervical paraspinal muscles. An MRI of the cervical spine from July shoulder 3 mm disc protrusion at C3-C4 with effacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: In regards to Opiates, Long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary.

12 sessions of Physical Therapy (body site unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254, Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

Decision rationale: The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, monitored therapy is not medically necessary.

Carpal Tunnel Release-left: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Release

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

Decision rationale: The California MTUS-ACOEM guides, Chapter 11 for the Forearm, Wrist and Hand note, on page 270: Referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature; fail to respond to conservative management, including work site modifications or have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. This patient's symptoms, however, are from the neck, down the arm into the hand. It is not consistent with carpal tunnel syndrome. I do not feel a surgery would be appropriate as this presentation is atypical of true carpal tunnel syndrome, and the concern is that this is unnecessary surgery without strong clinical indication. The request is not medically necessary.

Cervical Collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Neck section, under Cervical Collars

Decision rationale: The MTUS is silent. Regarding cervical collars, the ODG notes in the neck section not recommended for neck sprains. Patients diagnosed with WAD (whiplash associated disorders), and other related acute neck disorders may commence normal, pre-injury activities to facilitate recovery. Rest and immobilization using collars are less effective, and not recommended for treating whiplash patients. May be appropriate where post-operative and fracture indications exist. It is not clear the patient has post-operative and fracture issues. The request is not medically necessary.

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 Page(s): 67.

Decision rationale: The MTUS recommends non-steroidal anti-inflammatory drugs (NSAID) medication for osteoarthritis, at the lowest does, and the shortest period possible. The use here appears chronic, with little information in regards to functional objective improvement out of the use of the prescription NSAID. Further, the guides cite that there is no reason to recommend one drug in this class over another based on efficacy. It is not clear why a prescription variety of NSAID would be necessary; therefore, when over the counter NSAIDs would be sufficient. In

summary, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. Therefore, this request is not medically necessary.