

<b>Case Number:</b>	CM13-0047057		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/02/2011
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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: Orthopedic Surgery, Sports 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 55-year-old male who reported an injury on 02/02/2011. The mechanism of injury was not provided. His diagnoses included carpal tunnel syndrome and cubital tunnel syndrome. On 09/09/2013, the injured worker was seen for chronic headaches, tension between the shoulder blades, and migraines. He had symptomatology in the bilateral hands and elbows. Upon examination of the bilateral upper extremities, consistent with bilateral carpal tunnel and cubital tunnel syndrome. He was diagnosed with cervical/lumbar discopathy, right shoulder impingement syndrome with partial rotator cuff tear, left shoulder impingement syndrome with rotator cuff tear and labral tear, carpal tunnel/double crush syndrome/phenomena, and left foot internal derangement. The treatment plan included the injured worker was a candidate for a concurrent carpal tunnel and cubital tunnel release with the left side to be done first, followed in 6 weeks on the right side. The surgery was explained in detail. The injured worker fully understood and wished to proceed. Along with authorization for surgery, there needed to be preapproval for DME and postoperative medication and physical therapy. Medications included naproxen sodium, cyclobenzaprine hydrochloride, Sumatriptan Succinate, ondansetron, omeprazole, quazepam, and tramadol hydrochloride. The request is for left carpal tunnel release and left cubital tunnel release with ulnar nerve transposition followed by the right side in 6 weeks, 100 naproxen sodium 550mg, cyclobenzaprine hydrochloride 7.5mg #120, Sumatriptan Succinate 25mg #18, ondansetron 8mg #60, omeprazole 20mg #120, quazepam 15mg #30, tramadol hydrochloride 150mg #90, physical therapy 3 times a week for 4 weeks for the left wrist, a wrist sling, and associated surgical service medical clearance. A Request for Authorization was dated 10/14/2013.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Left Carpal Tunnel Release and Left Cubital Tunnel Release with Ulnar Nerve Transposition Followed By the Right Side in 6 Weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270; 37. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Carpal Tunnel Syndrome Procedure Summary, Carpal Tunnel Release; Elbow Procedure Summary, Decompression for Cubital Tunnel Syndrome.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 37, 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Surgery: Elbow, Surgery for Cubital Tunnel Syndrome (ulnar nerve entrapment).

**Decision rationale:** The request for left carpal tunnel release and left cubital tunnel release with ulnar nerve transposition followed by the right side in 6 weeks is not medically necessary. ACOEM indicates the surgical decompression of the median nerve usually relieves carpal tunnel syndrome symptoms. High quality scientific evidence showed success in the majority of patients with an electro-diagnostical confirmation diagnosis of carpal tunnel syndrome. Injured workers with the mildest symptoms displayed the poorest postsurgical results. ACOEM supports surgical treatment for ulnar nerve entrapment. ODG states that carpal tunnel release is recommended after diagnosis of moderate or severe carpal tunnel syndrome. Surgery is not generally indicated for mild carpal tunnel syndrome unless symptoms persist after conservative treatment. ODG recommends a simple decompression for cubital tunnel release. Surgical transposition of the ulnar nerve is not recommended. Simple decompression may offer excellent immediate and long-term relief of symptoms. The provider indicated that the injured worker had a diagnosis of double crush syndrome and the injured worker complained of significant symptoms in the bilateral hands and elbows. It was documented that the injured worker had bilateral carpal tunnel syndrome and bilateral cubital tunnel syndrome. Electrodiagnostic studies showed mild carpal tunnel syndrome bilaterally. However, there was no documentation that outlined prior conservative measures the injured worker received thus far and the clinical and functional response to these treatments. In addition, there was no detailed physical exam performed to validate carpal tunnel syndrome and/or cubital tunnel syndrome findings. There is no current evidence of sensory deficit, motor weakness, or a positive Tinel's sign at the wrist and/or elbow. Medical necessity of the proposed surgery to the left carpal tunnel and left cubital tunnel is not established. As such, the request is not medically necessary.

### **Naproxen Sodium 550mg #100: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The request for 100 naproxen sodium 550mg is not medically necessary. The California MTUS Guidelines indicate that NSAIDs are recommended for short term

symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient's treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. There is a lack of documentation of objective functional improvement and an objective decrease in pain. It is unclear how long the injured worker has been on said medication regimen. It was noted the injured worker had relief of symptoms with the use of medications in the past, allowing for continued work and non-work physical activities to be maintained. However, there is a lack of documentation of a decrease in pain. The injured worker continued to complain of pain. There is a lack of documentation of the frequency the medication is to be given. As such, the request is not medically necessary.

**Cyclobenzaprine HCL 7.5mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The request for cyclobenzaprine hydrochloride 7.5mg #120 is not medically necessary. The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. It is unclear how long the injured worker has been on said medication. It was noted that the injured worker was being prescribed the medication for palpable muscle spasms noted during the exam. It was also noted the injured worker would benefit from the off label capacity as a sleeping aid, as the chronic pain experienced did cause sleep disturbance. There is a lack of documentation of the amount of time the injured worker has been on said medication. There is a lack of documentation of objective functional improvement from said medication. As such, the request is not medically necessary.

**Sumatriptan Succinate 25mg #18: 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) Head, Migraine Pharmaceutical Treatment.

**Decision rationale:** The request for Sumatriptan Succinate 25mg #18 is not medically necessary. The ODG states migraine pharmaceutical treatments are effective and well tolerated. The ODG goes on to state the particular medication is used for the management of migraine or migraine like headaches. It is noted that the injured worker suffers ongoing cervical spine pain and presents in a migrainous fashion with headaches. They were present all the time and increased pain in the cervical spine. It was noted the injured worker used this medication and had great benefit in the past relieving the migrainous headaches that were associated with the chronic pain. However, there was a lack of documentation within the clinical note that states the injured worker was having headaches. There is a lack of documentation as to the frequency the medication is to be taken. As such, the request is not medically necessary.

**Ondansetron 8mg #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, Antiemetics (for opioid nausea).

**Decision rationale:** The request for ondansetron 8mg #60 is not medically necessary. It was noted the medication was being prescribed for nausea as a side effect to cyclobenzaprine and other analgesic agents. There is a lack of documentation of the injured worker having nausea symptoms from medications. There is a lack of documentation of the injured worker needing medication at this time. There is a lack of documentation on the request for the frequency of the medication. As such, the request is not medically necessary.

**Omeprazole 20mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

**Decision rationale:** The request for omeprazole 20mg #120 is not medically necessary. The California MTUS Guidelines state PPIs are recommended for injured workers at risk for gastrointestinal events and are greater than age 65 with a history of ulcers or use of anticoagulants and concurrent use of high dose or multiple NSAIDs. It was noted that the injured worker had been prescribed naproxen, which has the potential for gastrointestinal symptoms. However, there is a lack of documentation of the injured worker having gastrointestinal symptoms. There is a lack of documentation as to the frequency the medication is to be used. As such, the request is not medically necessary.

**Quazepam 15mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The request for quazepam 15mg #30 is not medically necessary. Quazepam is a benzodiazepine. The California MTUS Guidelines state benzodiazepines are effective in easing anxiety and slowing the nervous system, which may be overactive due to physical pain and distress. It was noted that the injured worker experienced early morning insomnia. It was also noted that the medication was most effective for the intermediate term treatment of insomnia of 2 weeks rather than a long duration of treatment over 4 weeks. It was unclear how long the injured worker has been on said medication. The request does not provide a frequency for the medication to be taken. As such, the request is not medically necessary.

**Tramadol HCL 150mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The request for tramadol hydrochloride 150mg #90 is not medically necessary. The California MTUS Guidelines state there should be monitoring of the pain relief, side effects, aberrant behaviors, and functional improvement. There is a lack of documentation of functional improvement. There is a lack of documentation of pain relief. There is a lack of documentation of urine drug screens and a medication management agreement for compliance. The request does not provide a frequency for use. As such, the request is not medically necessary.

**Post-Operative Physical Therapy (3 times per week for 4 weeks with re-evaluation): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

**Decision rationale:** The request for physical therapy 3 times a week for 4 weeks for the left wrist is not medically necessary. The request is being made for postoperative physical therapy for the injured worker. The request for surgery was not medically necessary. As such, the request for physical therapy 3 times a week for 4 weeks is not medically necessary. The California MTUS Postsurgical Guidelines state postsurgical treatment is 3 to 8 visits over 3 to 5 weeks. The request exceeds the guidelines' recommendations. As such, the request is not medically necessary.

**Associated Surgical Service: Wrist Sling: 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) Forearm, Wrist, & Hand, Splints.

**Decision rationale:** The request for a wrist sling is not medically necessary. It is unclear why the provider is requesting a wrist sling for the injured worker. The ODG states splinting is recommended for the wrist in a neutral position at night and daytime as needed as an option in conservative treatment. There was a lack of documentation of the injured worker requiring splinting at this time. As such, the request is not medically necessary.

**Pre-Operative Medical Clearance: 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) Low Back - Lumbar & Thoracic, Surgical Assistant.

**Decision rationale:** The request for associated surgical service: medical clearance is not medically necessary. The ODG states a surgical assistant is recommended for complex surgeries. The injured worker has not been authorized for surgery. The rationale has not been provided. As such, the request is not medically necessary.