

<b>Case Number:</b>	CM13-0024167		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	09/19/2010
<b>Decision Date:</b>	01/06/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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:

52 y.o. female with an injury from 9/19/10 suffers from chronic bilateral hand symptoms with history of bilateral carpal tunnel release from 2012. Paresthesia and pain have returned. The request for EMG/NCV studies were denied per UR letter 8/28/13 as the diagnosis of carpal tunnel syndrome was obvious based on clinical presentation and examination. Norco was denied as there was lack of adequate documentation for pain relief, functional status, etc. [REDACTED] initial report is from 9/9/13. Carpal tunnel release was on August 2011. Listed diagnoses are chronic pain, s/p CTR bilaterally, Clinical carpal tunnel syndrome. MRI's were requested, and EMG/NCV studies, chiro treatmnts, acupuncture, ROM testing, psychological consultation for chronic pain. Medications prescribed were Gabapentin, tramadol, Naproxen and transdermal compounds. [REDACTED] report from 7/25/13 shows that the patient has increased pain with denied medication, having difficulty functioning at work. EMG/NCV requested and Norco refilled. Norco has provided adequate relief. The patient is temporarily totally disabled due to intolerable pain. 6/28/13 report states that the patient is having difficulty receiving medications makingher symptoms worse and making it difficult to work. 6/28/13 report has similar findings with difficulty obtaining medications. Patient was continued on modified work. 5/24/13 report states that the patient is struggling with modified work and that she is out of Norco. Lyrica did not help.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS of bilateral upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome, NCS.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

**Decision rationale:** The patient has had bilateral carpal tunnel releases back in 2011 and has been experiencing recurrence of her symptoms. The patient is working modified due and struggling. UR denied the request stating that CTS was obvious based on clinical presentation and examination. However, I do believe it is consistent with the guidelines to allow for an updated EMG/NCV studies not only to different diagnosis but to determine electrical severity of the condition. Recommendation is for authorization.

**90 Norco 10/325mg with 2 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

**Decision rationale:** This patient suffers from chronic bilateral wrist and hand pains. The treater has repeated documented difficulty obtaining medications and the patient is struggling with current work. The treater does mention that this medication works the best for the patient having tried Lyrica as well being on Gabapentin. Return to work is ultimately the best measure of functional status. Recommendation is for authorization of Norco given the patient's legitimate chronic pain condition and the fact that with medications the patient is able to work.