

Case Number:	CM13-0039439		
Date Assigned:	12/18/2013	Date of Injury:	07/05/2007
Decision Date:	03/21/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/28/2013

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 Orthopedic Surgery and Hand Surgery and is licensed to practice in Texas. 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:

The patient is a 52-year-old female who sustained an injury on 07/05/2007 of unspecified nature. The patient underwent an electromyography (EMG) and nerve conduction velocity (NCV) on 05/24/2013, which had findings of mild prolonged right median nerve sensory distal latency from the 3rd digit and the mid palm to the wrist, consistent with mild carpal tunnel syndrome. The patient was evaluated on 10/01/2013 for complaints of cervical spine and right wrist pain. Upon physical examination, the patient was noted to have decreased hand grip strength with the right hand. The patient's sensory testing of the upper extremity was noted as normal bilaterally without deficit. The documentation submitted for review did not indicate the patient's pain level upon assessment. The patient was noted to have a negative Finkelstein's, Tinel's, and Phalen's. The treatment plan was noted as Norco 7.5/325 mg every 6 hours as needed, Soma 350 mg 3 times a day, and Lorazepam 1 mg 3 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand surgeon referral/treatment of the right wrist: 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): 265-266.

Decision rationale: The MTUS/ACOEM Guidelines recommend hand surgeon referrals in the case of carpal tunnel syndrome, when patients have moderate to severe cases. The documentation submitted for review indicated that the patient had suggested mild carpal tunnel syndrome. Furthermore, documentation submitted for review did not indicate that the patient had tried all venues of conservative treatment for the right wrist carpal tunnel syndrome. The documentation submitted for review did not indicate that the patient had attempted a wrist brace, injection, nor physical modalities. Given the information submitted for review, the request for hand surgeon referral/treatment of the right wrist is non-certified.

Norco 7.5/325mg #90, with four (4) refills: 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, on-going management Page(s): 78.

Decision rationale: The Chronic Pain Guidelines recommend ongoing management of opioids to include, monitoring of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The documentation submitted for review indicated that the patient was compliant with her medication regimen. It was additionally noted that the patient noted some relief of her symptoms. However, the documentation submitted for review did not include the patient's analgesic effect from the prescribed medication. The documentation also did not indicate the patient's pain level with or without medications. It is additionally noted that the documentation submitted for review did not indicate that the patient had any functional limitations nor had any functional improvement with the use of medications. Therefore, the continued use of the medication is not supported. Given the information submitted for review, the request for Norco 7.5/325mg #90, with four (4) refills is non-certified.

Soma 350 mg #90, with five (5) refills: 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 Carisoprodol Page(s): 29.

Decision rationale: The Chronic Pain Guidelines do not recommend the use of Soma. Furthermore, the documentation submitted for review did not indicate the patient had any analgesic effect as a result of the use of the medication. The documentation submitted for review did not indicate that the patient had any functional improvement, or if the patient had any noted functional limitations to support the use of the medication. Given the information submitted for review, the request Soma 350 mg #90, with five (5) refills is non-certified.

Lorazepam 1 mg #90, with five (5) refills: 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 Chronic Pain Guidelines do not recommend the use of benzodiazepines for longer than four (4) weeks. The documentation submitted for review did not indicate the period of usage of the medication. Furthermore, the documentation submitted for review did not have indications for the usage of the medication, nor indicate the efficacy of treatment. Given the information submitted for review, the request for Lorazepam 1 mg #90, with five (5) refills is non-certified.