

Case Number:	CM13-0043459		
Date Assigned:	12/27/2013	Date of Injury:	06/20/2011
Decision Date:	06/10/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/24/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, Pain Management 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 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 patient is a 48 year old male with a date of injury of 06/20/2011. The listed diagnoses per [REDACTED] dated 09/16/2013 are: 1. Status post index and thumb trigger release, 2011 2. Status post right carpal tunnel release, 2005 3. Right ring finger stenosis tenosynovitis 4. Right palm hypertrophic scar tissue 5. Bilateral wrist tendinitis 6. Left carpal tunnel syndrome, 7. Peripheral neuropathy 8. Status post right posterior and proximal forearm evacuation and debridement According to the report, the patient complains of a flare-up in his bilateral hand/fingers. He also notes a right trigger finger in the 4th digit. The exam shows severe atrophy of the bilateral interosseous MS. Tinel's and Phalen's are both positive. There is an active trigger finger at the right 4th digit. The treater is requesting a refill for Norco and 8 physical therapy sessions for the bilateral hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 #120 (THIS ONE REFILL FOR WEATING-PLS SEE RPT) QTY 1.00:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication For Chronic Pain, Criteria for Opioids Page(s): s 60, 61, 88, 89.

Decision rationale: The patient presents with chronic bilateral hand and wrist pain. The treating physician is requesting a refill for Norco and the request appears to be for weaning. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every 6 months. Documentation of 4 A's (analgesia, ADLs, adverse side effects, adverse behaviors) are also required. Furthermore, under outcome measures, MTUS recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, et cetera. Review of 242 pages of records show that the patient has been taking Norco since 2011. None of the reports provided for review mention anything about medication efficacy, the patient's pain level and functional improvement as it relates to opiate use. No specific ADLs were provided and return to work discussed. It does not appear that norco is really doing a whole lot in terms of functional improvement or pain reduction. The request, however, is for one month refill of medication for the purpose of weaning. Review of the reports do not discuss weaning or tapering the medication but the request as stated has "weaning" attached to the refill. For the purposes of tapering, MTUS recommends slow tapering with reduction by 10-15% each visit. Authorization of one refill of medication for the purposes of weaning the patient off of medication. The request for Norco is medically necessary.

PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS IN TREATMENT TO THE BILATERAL HANDS QTY 8: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): s 98, 99.

Decision rationale: The patient presents with chronic bilateral hand and wrist pain. The treating physician is requesting 8 physical therapy sessions for the bilateral hands. The MTUS Guidelines page 98 and 99 for physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. Review of 242 pages of records show that the patient last utilized physical therapy in 2011. In this case, the patient would benefit from a short course of physical therapy. The treating physician request for 8 sessions are reasonable and within guidelines. Therefore the request for Physical Therapy is medically necessary.