

Case Number:	CM13-0059180		
Date Assigned:	12/30/2013	Date of Injury:	10/06/2010
Decision Date:	05/19/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/02/2013

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 Orthopedic Surgery 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:

This is a 59-year-old female who was injured in a work related accident on 10/06/10. The records provided for review included a clinical assessment on 11/27/13 documenting bilateral hand, right greater than left, carpal tunnel syndrome. Examination findings showed positive Phalen's and Tinel's testing, and diminished 2-point discrimination. The electrodiagnostic studies of 02/01/13 showed evidence of right greater than left median nerve entrapment at the wrist consistent with a diagnosis of carpal tunnel syndrome. The claimant was noted to have failed conservative care. A right carpal tunnel release procedure was recommended and a prescription for Fioricet for narcotic analgesic purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT CARPAL TUNNEL RELEASE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263 and 270. 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): 265 and 270.

Decision rationale: The California ACOEM Guidelines recommend the request for the right carpal tunnel release procedure. The records provided for review document the claimant has positive physical exam findings that correlate with electrodiagnostic studies to confirm the diagnosis of carpal tunnel syndrome. The specific request for surgical release, given the claimant's current clinical presentation would be supported.

FIORICET 50/325MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Barbiturate-Containing Analgesics (BCAs), page 25

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fioricet, Opioids, Criteria For Use, pages 23 and 76-80

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend the use of narcotic analgesics for the diagnosis of carpal tunnel syndrome. There would be no indications for the role of short acting narcotic analgesics at this chronic stage of this diagnosis. The specific request for continued use of this agent would not be indicated given the claimant's current clinical presentation.