

Case Number:	CM13-0069039		
Date Assigned:	01/17/2014	Date of Injury:	09/09/2011
Decision Date:	05/07/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/20/2013

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 case involves a 63-year-old female who developed upper extremity complaints while working as a typist on 09/09/11. The clinical records provided for review included a 12/02/13 progress report noting persistent complaints of pain in the wrist, and that the claimant was working modified duty and using a brace occasionally. The treatment included medication management and use of a TENS device. The objective findings on exam showed tenderness to the carpometacarpal (CMC) and scaphotrapezotrapezoidal (STT) joints bilaterally, right greater than left. There was also tenderness along the carpal tunnel areas bilaterally. The claimant's working diagnosis was status post carpal tunnel syndrome, decompression with improvement on postoperative nerve testing. There were also continued issues with "stress, depression and sleep." Recommendations were for continuation of Tramadol, Norco and topical compounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG TABLETS #60 (FOR VISIT SUCCEEDING 12/02/2013 APPOINTMENT): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-80,90.

Decision rationale: The Chronic Pain Guidelines do not support the continued use of Norco, which is a narcotic. The Guidelines indicate that the use of opioids should be part of a treatment plan that is tailored to the patient. The use of opioids should be continued if the patient has returned to work; and if the patient has improved functioning and pain. The claimant's current working diagnoses of stress, depression and sleep issues, with improvement following carpal tunnel release syndrome surgery would not support the role of short acting narcotic analgesics. The claimant's clinical picture does not demonstrate significant improvement over the past several months with the use of Norco. Therefore, the request for continuation of Norco cannot be recommended as medically necessary.

TRAMADOL 150MG TABLETS #30 (FOR VISIT SUCCEEDING 12/02/2013) APPOINTMENT): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94,113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL (ULTRAM) AND OPIOIDS Page(s): 82-83,91-94.

Decision rationale: The Chronic Pain Guidelines do not support the continued use of tramadol. The guidelines indicate that Tramadol is a non-narcotic analgesic that would not be indicated for long term use greater than sixteen (16) weeks. The continued use of tramadol at this chronic stage in the claimant's clinical course of care would not be indicated.

ONE (1) LIDOPRO LOTION 4OZ (FOR VISIT SUCCEEDING 12/02/2013) APPOINTMENT): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: The Chronic Pain Guidelines do not support the continued use of the topical compound Lidopro. The guidelines indicate that Lidocaine is only indicated in the topical setting as a second line agent when a trial of first line therapy, including Tricyclics or medicine such as, Gabapentin or Lyrica have failed for neuropathic pain. The claimant's clinical picture demonstrates improvement following carpal tunnel release as documented by electrodiagnostic testing. Therefore, the medical records and documentation do not support the use of this second line topical agent Lidopro.