

Case Number:	CM14-0004501		
Date Assigned:	02/05/2014	Date of Injury:	01/01/2008
Decision Date:	06/20/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/13/2014

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:

The injured worker is a 50-year-old female who was injured on January 1, 2008. The mechanism of injury not specified. The injured worker is documented as presenting with complaints of pain involving forearms, wrists, and hands. The injured worker notes difficulty gaining, "a restful amount of sleep and requires continued prescription medication of Norco 10/325mg" for control of the pain. The clinician indicates that this medication is dosed once daily. The physical examination documents tenderness to palpation bilaterally over the medial and lateral epicondyles, tenderness to palpation over the proximal forearm, extensor, and flexor tendon muscle groups, a positive Cozen's and reverse Cozen's are documented. Tinel's sign is positive bilaterally and the clinician documents migrating paresthesias extending to the ulnar nerve distribution of both elbows, but there is no evidence of ligaments laxity. Range of motion of the elbows is symmetric. There's also tenderness to palpation throughout the forearms, wrists, and hands with positive Tinel's sign, but Phalen's and Finkelstein's tests are negative bilaterally. Sensation is documented as being diminished to light touch and pinprick, but reflexes are normal in the upper extremity. The clinician further goes on to document in the discussion that functional improvement is noted while utilizing the Norco and pain is significantly reduced and addresses analgesia, ADLs, adverse reactions, and aberrant drug taking behavior. The review in question is from January 6, 2014 and denies the requests for Norco and Acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The California MTUS supports the use of opiates for the management of neuropathic pain, but has specific criteria outlined for continuation of these medications. Based on the clinical documentation provided, the clinician specifically addresses these criteria including documentation of objective functional improvement, indications of pain relief while utilizing medication, and documentation of other interventions being utilized. As such, the request is considered medically necessary.

6 ACUPUNCTURE SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The acupuncture guidelines indicate that acupuncture is an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation to hasten functional recovery. Based on the clinical documentation provided, medications are being increased and there is no evidence that physical rehabilitation is concurrently being performed. The acupuncture is being utilized as a standalone treatment which is not supported by the guidelines. As such, the request is considered not medically necessary.