

Case Number:	CM14-0102935		
Date Assigned:	07/30/2014	Date of Injury:	10/30/2012
Decision Date:	09/03/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/03/2014

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 records, presented for review, indicate that this 28-year-old female was reportedly injured on October 30, 2012. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated July 15, 2014, indicated there were ongoing complaints of pain to the bilateral shoulders, bilateral wrists, status post carpal tunnel syndrome on the right. The physical examination demonstrated a 5'6", normotensive individual with some right distal upper extremity weakness secondary to the carpal tunnel syndrome. Diagnostic imaging studies were not available for review. Previous treatment included carpal tunnel surgery (July 22, 2014), postoperative therapy and pain management techniques. A request was made for multiple medications and was not certified in the pre-authorization process on June 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5/325mg post operatively: 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 Page(s): 74-78 of 127.

Decision rationale: As outlined in the MTUS, this medication is for the short-term management of moderate to severe breakthrough pain. This individual underwent a carpal tunnel release surgery several months ago. The progress notes presented note the ongoing complaints of pain at 5/10 (Scale 0-10) and there is no clinical indication of any efficacy or utility with the use of this medication. Therefore, when noting that the pain generator has been surgically addressed and the pain levels remain consistent, there is no demonstrated or objectified efficacy with the utilization of this narcotic medication. As such, there is no clear medical necessity established for continued use of this preparation.

Zofran post operatively: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter updated July, 2014.

Decision rationale: This medication is intended to address nausea and vomiting secondary to chemotherapy or radiation treatment. Neither of these is present. Furthermore, there are no complaints of nausea or vomiting noted. Therefore, there is no clinical indication presented to establish the medical necessity of this medication.