

Case Number:	CM14-0107009		
Date Assigned:	08/01/2014	Date of Injury:	06/24/2008
Decision Date:	10/09/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 67 year old female who had a work related injury on 06/24/08. The injury occurred while she was picking up a wheelchair to put into an SUV, the chair bumped the edge of the SUV, and the wheelchair fell back and twisted her left wrist and back. Current diagnoses include lumbar radiculitis, and left wrist pain. The most recent documentation submitted for review is dated 08/06/14, stated that the injured worker complains of progressively worsening bilateral wrist pain. The pain is constantly present and is frequently associated with stiffness noticeable in the morning hours. Since both hands are involved, she has enormous difficulty in undertaking normal daily chores of activities such as bathing, cleaning, and cooking. Pain symptoms are significantly worse after undertaking any such activity. She did see generally, intensity of pain is ranging from 5-9/10 on the Visual Analog Scale (VAS) scoring system. She does not have any proximal symptoms. Alternate treatment options include stellate ganglion blocks have been discussed. Physical examination tenderness along the dorsal aspect of the wrist noted along with swelling. Pedal pulse is normally felt. No evidence of median nerve entrapment. Dorsal edema diffused in both hands. The diagnosis is intractable bilateral wrist pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocone/APAP tab 10-325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented Visual Analog Scale (VAS) pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, this request is not medically necessary.