

Case Number:	CM14-0011999		
Date Assigned:	02/21/2014	Date of Injury:	06/05/2005
Decision Date:	06/26/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	01/30/2014

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 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 49-year-old female who reported an injury on 06/05/2005. The mechanism of injury was not provided in the documentation. Per the clinical note dated 01/07/2014, the injured worker reported pain to her neck and bilateral extremities rated 8/10. The injured worker also reported bilateral wrist and hand pain with numbness, status post left carpal tunnel release, symptoms were worse on the left. On physical exam, the injured worker's range of motion for bilateral wrist was reported as normal. The Tinel's signs on both wrists were positive, producing tingling sensation in the volar and distal palm bilaterally. The carpal tunnel compression test was positive bilaterally, producing tingling in the 1st through 4th digits. Palpation of the shoulder showed mild tenderness of the posterior upper scapular and shoulder region. No tenderness was noted over the acromioclavicular (AC) region or bicipital groove. The impingement sign was negative. Shoulder range of motion was normal. Palpation of the cervical spine showed mild to slight tenderness in the lower and mid paracervical muscles with mild spasm. Flexion of the cervical spine was 80% of normal, extension was 70% of normal, and left and right rotation was both 80% of normal. The Spurling's sign was positive to the left, producing left scapular pain. Sensation was decreased to pinprick and light touch to the 1st through 4th digits on the left hand. Sensation to the right hand was decreased in the 1st through 4th digits as well. The Request for Authorization for medical treatment was dated 01/10/2014. The recommendation was for Norco 5/325 mg for pain and a follow-up visit in two (2) months.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-75, 78, 91.

Decision rationale: The Chronic Pain Guidelines indicate that opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain; however, for continuous pain, extended release opioids are recommended. Four (4) domains have been proposed as most relevant for ongoing monitoring chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially apparent drug related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. There is a lack of documentation regarding the efficacy of the current medication including clinical documentation regarding a decrease in pain symptoms or an increase in functionality. In addition, short acting opiates are not recommended for long term use. In addition, the request failed to indicate the frequency of the medication. Therefore, the request for Norco 5/325 mg is non-certified.

FOLLOW-UP VISIT IN TWO (2) MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9) Page 207; and Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11) Page 268.

Decision rationale: The MTUS/ACOEM Guidelines indicate that patients with potentially work related forearm, wrist, or hand complaints should have followup every three to five (3 to 5) days by a midlevel practitioner or by physical or hand therapists who can counsel them about avoiding static positions, medication use, activity modification, and other concerns. The physician follow-up can occur when the patient needs a release to modify, increase, or full duty, or after appreciable healing or recovery can be expected, on average. Documentation stated that the injured worker is being followed by a neurologist for the diagnosis of bilateral carpal tunnel syndrome, cervical and bilateral scapular shoulder strength, and bilateral wrist tendonitis. Per the documentation, the injured worker's symptoms are stationary and unchanging with a lack of evidence regarding future changes to medications or treatments, therefore the request for a follow-up visit in two (2) months is not medically necessary.

