

Case Number:	CM14-0139991		
Date Assigned:	09/08/2014	Date of Injury:	02/12/2004
Decision Date:	10/03/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 sustained an injury to her low back and knee while working as an administrative assistant when she fell on 02/12/04. Treatments included right knee arthroscopy in 2004 and viscosupplementation injections. She underwent an L5-S1 lumbar fusion in 2012. She has carpal tunnel syndrome. She has left knee pain attributed to compensating for her right knee. She last worked in 2009. She was seen by the requesting provider on 06/17/14. She had complaints of wrist and right knee pain. She was using a right knee brace. Medications were MS Contin and Norco. There is reference to urine drug screening on 05/08/14, which had been negative. Physical examination findings included bilateral knee tenderness with swelling of the knees and ankles and pain over the dorsum of the wrist. On 07/17/14 pain was ranging from 8-10/10. She was continuing to take MS Contin and Norco. She had complaints of low back and right knee pain and lumbar spasms. She was using a back support and knee brace. Physical examination findings included appearing in no acute distress. She was unable to flex or extend the lumbar spine due to pain. MS Contin 30 mg #30, Effexor 75 mg #30, Soma 350 mg #90, trazodone 50 mg #30, Naprosyn 550 mg #90, Protonix 20 mg #60, and Norco 10/325 mg #90 were prescribed. She was seen on 07/30/14 for a neurological evaluation. She was having progressive hand pain and paresthesias as well as right elbow pain related to a motor vehicle accident in December 2013. Physical examination findings included normal strength and sensation with negative Tinel's sign. EMG/NCS testing showed findings of moderate to severe bilateral median nerve compression at the wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) OPIOIDS, CRITERIA FOR USE; (2) OPIOIDS, DOSING Page(s): 76-80; 86.

Decision rationale: The injured worker is more than 10 years status post work-related injury with treatments including right knee arthroscopy in 2004 and viscosupplementation injections. She has left knee pain attributed to compensation for her right knee and continues to be treated for chronic pain. Medications include Norco and MS Contin with a total MED (morphine equivalent dose) of 90 mg per day. In this case, the injured worker is expected to have somewhat predictable activity related breakthrough pain (i.e. incident pain) when standing and walking as well as baseline pain consistent with her history of injury and surgery. Norco (Hydrocodone / acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the injured worker's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the injured worker's behaviors, or by physical examination. Her total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco is medically necessary.

One prescription of Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) OPIOIDS, CRITERIA FOR USE; (2) OPIOIDS, DOSING Page(s): 76-80; 86.

Decision rationale: The injured worker is more than 10 years status post work-related injury with treatments including right knee arthroscopy in 2004 and viscosupplementation injections. She has left knee pain attributed to compensation for her right knee and continues to be treated for chronic pain. Medications include Norco and MS Contin with a total MED (morphine equivalent dose) of 90 mg per day. In this case, the injured worker is expected to have somewhat predictable activity related breakthrough pain (i.e. incident pain) when standing and walking as well as baseline pain consistent with her history of injury and surgery. Norco (hydrocodone / acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the injured worker's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Her total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

One left wrist brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic), Splinting

Decision rationale: The injured worker is more than 10 years status post work-related injury with treatments including right knee arthroscopy in 2004 and viscosupplementation injections. EMG/NCS testing is referenced as showing findings of moderate to severe bilateral median nerve compression at the wrists. In the treatment of carpal tunnel syndrome, guidelines recommend splinting of the wrist in neutral position at night and during the day as needed as an option in conservative treatment. Therefore, the left wrist brace was medically necessary.