

Case Number:	CM14-0151160		
Date Assigned:	09/19/2014	Date of Injury:	08/01/2008
Decision Date:	10/20/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/16/2014

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:

This 48-year-old female sustained an industrial injury on 8/1/08 relative to cumulative trauma. Past surgical history was positive for bilateral shoulder surgeries. The patient had undergone right carpal tunnel release x 2 and left carpal tunnel release once with residual symptoms. The 3/14/13 right shoulder MRI impression documented acromioclavicular osteoarthritis and infraspinatus and supraspinatus tendinitis. The 10/10/13 right wrist MRI impression documented an unremarkable study. The 1/17/14 upper extremity EMG/nerve conduction studies were consistent with bilateral carpal tunnel syndrome. The 8/5/14 treating physician report cited chronic bilateral wrist pain and weakness. Pain increased with activities of daily living. The patient stated that she liked going to physical therapy and it helped her wrist pain. The patient was taking Vicodin and Ibuprofen as needed. She reported that Norco had only been partially covered for #30 tablets. Physical exam documented height, weight, vital signs, and bilateral 4/5 grip strength. The diagnosis was bilateral carpal tunnel syndrome, status post release, and right cubital syndrome. The treatment plan requested authorization for Norco, Flexeril, and physical therapy for bilateral wrist pain. The patient was off work. The 8/15/14 utilization review denied the request for Norco as there was no documentation of pain reduction, functional improvement, continued analgesia, continued functional benefit, lack of adverse side effects or aberrant behavior. Flexeril was denied as there was no guideline support for the use of muscle relaxants in chronic pain management and no documentation of functional improvement or reduction in VAS scores. The request for additional physical therapy was denied as frequency/duration was not specified and there was no documentation of the amount of recent physical therapy or related functional improvement. Records documented the use of hydrocodone since at least 5/1/14 and no documentation of Flexeril use prior to 8/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg 1 po bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE, OPIOIDS, SPECIFIC DRUG LIST Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met for the use of this medication in the absence of required documentation. Records indicate that Norco had been used since at least 5/1/14. There is no documentation of reduced pain, increased function, or improved quality of life relative to medication use in the progress reports or medical legal reports available for review. There is no documentation of on-going opioid therapy management. Prior partial certification of Norco was noted in the file to allow for downward titration suggesting that weaning is not necessary. Therefore, this request is not medically necessary.

Flexeril 10mg 1 po tid #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-65.

Decision rationale: The California MTUS guidelines recommend non-sedating muscle relaxants, such as Flexeril, with caution as a second line option in the treatment of acute exacerbations of chronic back pain or for post-operative use. Flexeril is not recommended to be used for longer than 2 to 3 weeks. Guideline criteria have not been met. There is no evidence that this patient has muscle spasms or is in an acute exacerbation of her chronic pain. There is no documentation as to how long this medication has been prescribed or what, if any, benefit has been achieved. Therefore, this request is not medically necessary.

Physical therapy for bilateral wrist pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 9, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, Physical medicine treatment

Decision rationale: The California MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. The Official Disability Guidelines provide specific physical therapy treatment guidelines for carpal tunnel syndrome that recommend 1 to 3 visits (for medical treatment of). Guideline criteria have not been met. There is no documentation as to the amount of recent physical therapy this patient has completed. There is no documentation of objective measurable functional improvement associated with recent physical therapy. There is no current functional treatment goal to be addressed by physical therapy. There is no compelling reason to support the medical necessity of additional supervised physical therapy over an independent home exercise program. Therefore, this request is not medically necessary.