

Case Number:	CM14-0046729		
Date Assigned:	07/02/2014	Date of Injury:	02/02/2010
Decision Date:	08/22/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/14/2014

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 Occupational Medicine 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 patient is a 49-year-old male who has submitted a claim for carpal tunnel syndrome status post bilateral wrist surgery associated with an industrial injury date of 02/02/2010. Medical records from 07/08/2013 to 07/10/2014 were reviewed and showed that patient complained of bilateral wrist pain graded 3-9/10. Physical examination revealed a midline surgical scar on the wrists bilaterally with no tenderness upon palpation. Right wrist ROM was within normal limits. Left wrist ROM was decreased in all planes of movement. MMT of bilateral upper extremities was 5/5 throughout. Sensation to light touch was decreased over middle and ring finger on the right side otherwise normal. EMG/NCV study of bilateral upper extremities revealed mild median neuropathy bilaterally. Treatment to date has included right carpal tunnel surgical release (06/11/2010), left carpal tunnel surgical release (08/02/2010), and pain medications. Utilization review dated 04/10/2014 denied the request for Pristiq ER 50mg #30 because there was no documentation of symptomatic or functional improvement from its previous use. Utilization review dated 04/10/2014 denied the request for Hydrocodone-APAP 10/325mg #90 because there was no documentation of symptomatic or functional improvement from its previous use to establish medical necessity for continued use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq ER 50mg#30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) ; SNRIs (serotonin noradrenaline reuptake inhibitors) Page(s): 15, 105.

Decision rationale: As noted on pages 15 and 105 of the California MTUS Chronic Pain Medical Treatment Guidelines, SNRIs are recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. In this case, patient was prescribed pristiq 50mg tab OD (quantity not made available) since 07/08/2013. Activity level has decreased despite use of pain medications (07/10/2014). It is unclear as to why Pristiq should be used when there is no documentation of intolerance with tricyclics, which is the first-line treatment for neuropathic pain. Therefore, the request for Pristiq ER 50mg#30 is not medically necessary.

Hydrocodone-APAP 10-325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: According to page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. There was no documentation of pain relief, functional improvement, and recent urine toxicology review, which are required to support continued use of opiates. In this case, the patient was prescribed opiates (Norco 10/325mg TID) since 07/11/2013. There was noted decrease of pain with use but patient's activity levels have not improved (07/10/2014). Constipation was noted with opioid use (11/21/2013) and there was no documentation of recent urine toxicology review. The medical necessity has not been established based on guidelines requirement for continuation of opioid treatment. Therefore, the request for Hydrocodone-APAP 10-325mg #90 is not medically necessary.