

Case Number:	CM14-0056559		
Date Assigned:	07/09/2014	Date of Injury:	02/11/1994
Decision Date:	08/29/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/25/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 52 year-old with a date of injury of 02/11/94. A progress report associated with the request for services, dated 03/21/14, identified subjective complaints of bilateral arm pain. Objective findings included tenderness to palpation in the region. There was decreased strength in the hand flexors. A urine drug test was done on 01/07/14. Diagnoses were not listed, but past diagnoses included myofascial pain, chronic pain syndrome, and opiate tolerance. Treatment had included oral and topical analgesics. A carpal tunnel injection in the past produced significant pain relief over several months. A carpal tunnel release was done in 2011. A Utilization Review determination was rendered on 03/26/14 recommending non-certification of request for; urine drug screen, Norco 10/325mg #90 with 3 refills, and 1 right and then left (1 week apart) median nerve blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 right and then left (1 week apart) median nerve blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 272.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that "repeat corticosteroid injections are not recommended." They further note that injections will facilitate the diagnosis, but the benefit from the injection is short-lived. In this case, the patient had a previous injection. Based upon the guidelines, the value of an injection is limited and the records do not document the medical necessity for the request as it is a repeat injection. Therefore, the request for right and left median nerve blocks is not medically necessary.

Prospective request for 1 prescription of Norco 10/325mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids for Chronic Pain.

Decision rationale: Norco 10/325 is a combination drug containing acetaminophen and the opioid; hydrocodone. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. The guidelines note that a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The Chronic Pain Guidelines also state that "with chronic low back pain, opioid therapy appears to be efficacious but limited for short-term pain relief and long-term efficacy is unclear (> 16 weeks), but also appears limited." The patient has been on Norco in excess of 16 weeks. The Official Disability Guidelines (ODG) state "while long-term opioid therapy may benefit some patients with severe suffering that has been refractory to other medical and psychological treatments, it is not generally effective achieving the original goals of complete pain relief and functional restoration." Therapy with Norco appears to be ongoing. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. Therefore, the request for Norco is not medically necessary.

Prospective request for 1 urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing.

Decision rationale: The patient is on chronic opioid therapy. The California Medical Treatment Utilization Schedule (MTUS) recommends frequent random urine toxicology screens without specification as to the type. The Official Disability Guidelines (ODG) state that urine drug

testing is recommended as a tool to monitor compliance with prescribed substances. The ODG further suggests that in low-risk patients, yearly screening is appropriate. Moderate risk patients for addiction/aberrant behavior are recommended to have point-of-contact screening 2 to 3 times per year. High risk patients are those with active substance abuse disorders. They are recommended to have testing as often as once a month. There is no documentation of behavior that would classify the claimant as high-risk and a drug test was done 2 months prior to this request. Therefore, the requested drug screen is not medically necessary.