

Case Number:	CM14-0067668		
Date Assigned:	07/11/2014	Date of Injury:	05/20/2011
Decision Date:	09/10/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/12/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 63 year old male who was injured on 5/20/2011 while working with an electric sander. He was diagnosed with laceration of left wrist, carpal tunnel syndrome, lesion of ulnar nerve, arthropathy in forearm, and insomnia, depression and anxiety related to the injury. He was treated with cortisone injections, left wrist surgery (carpal tunnel release, 8/27/12), post-surgical physical therapy, medications, including gabapentin, antidepressants, opioids, and NSAIDs. He also uses a TENS unit, cold and hot wraps, and a wrist brace. On 4/16/2014, the worker was seen by his orthopedic surgeon complaining of his continual left wrist pain with occasional numbness, tingling and weakness. He also complained of left elbow and shoulder pain with numbness and tingling which all is unchanged since the last visit. He reported taking Norco for his pain which reduces his pain from a 7/10 to a 3-4/10 on the pain scale when he uses it, and the Norco reportedly helps him to "be more functional" (no detail provided), but reported not working at the time. Physical examination revealed tenderness of the left wrist, decreased strength of the wrist, tenderness of the left elbow, and tenderness at shoulder. He was then recommended to continue his Norco as well as 12 sessions of physical therapy to increase strength, range of motion, and function of his left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 sessions, left wrist and hand: 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, pp. 98-99 Page(s): 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines state that for chronic wrist pain causing myalgia/myositis, 9-10 visits with the physical therapist over 8 weeks may be considered and for neuralgia/neuritis/radiculitis 8-10 visits over 4 weeks with the goal of fading from passive supervised therapy to active unsupervised home exercises to maintain strength and function. In the case of this worker, he had completed at least some physical therapy (unclear how many sessions), but it is not found in the documentation provided for review how he responded to this therapy in terms of function and pain reduction. A request was made for the worker to go back to the physical therapist for 12 more sessions. At this point, the worker should have been able to transition from the therapist to home exercises. If the worker requires a refresher course on how to perform these at home, if he had not been performing them at home, then it might be considered to allow 1-6 sessions of supervised therapy in order to retrain him. However, there was no evidence of the worker requiring supervised therapy over home exercises in the notes provided for review, and the request for 12 sessions is more than is necessary for this refresher, even if it were needed in this case. Therefore, the 12 sessions of physical therapy are not medically necessary.

Norco 10/325 mg # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pp. 78-96 Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. After reviewing the notes available for review related to the case of this worker, there was no documentation that discussed the details of functional improvement related to the worker's use of Norco. Functional status reports from the provider should include specific physical tasks (including work), psychological aspects, and social changes that are improved with the medication use. Without this documentation, unfortunately, it is assumed that the Norco is not medically necessary in this case.

