

Case Number:	CM14-0087116		
Date Assigned:	07/23/2014	Date of Injury:	01/16/1997
Decision Date:	09/24/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/10/2014

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 California, Tennessee and 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 injured worker is a 56 year old female who had longstanding history of cumulative trauma as a result of repetitive administrative activities. The injured worker status was post bilateral first dorsal compartment releases. The right release was performed in 1993 and the left in 1999. The injured worker developed recurrent symptoms and bilateral carpal tunnel syndrome on 04/15/14 physical examination. She was noted to have essentially normal range of motion of both the right and left wrists provocative testing was negative with exception of positive carpal tunnel compression test bilaterally. Subsequent request was made for Norco 10 325 #60. Per utilization review determination dated 05/30/14 the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Norco 10 325mg #60 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has a history of

cumulative trauma injuries and received surgical intervention in the form of first dorsal compartment release in 1993 and 1999. The injured worker has recurrent symptoms. However, her physical examination is benign. There is no clear data establishing that the injured worker has objective findings of carpal tunnel syndrome or recurrent dequervain tenosynovitis. Opiate medications are not typically clinically indicated to treat this condition and that the pain levels do not appear to be such that she would require high dose opiates. Based on the submitted clinical information the request is not medically necessary.