

Case Number:	CM14-0087585		
Date Assigned:	07/23/2014	Date of Injury:	09/06/2000
Decision Date:	09/22/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 47-year-old female who reported an injury on 09/08/2000. The mechanism of injury was not submitted in documentation. The injured worker has diagnoses of carpal tunnel syndrome, bilateral wrist pain. Physical medical treatment consists of acupuncture, ganglion blocks, mental health therapy, injections, and medication therapy. Medications include Ranitidine, Proventil, Lidoderm patches, Lunesta 3 mg before bed, Nexium 20 mg daily, Norco 10/325 mg every 6 hours, Symbicort MDI, Klonopin, Terocin, and Bupropion. The duration, frequency, and dose were not submitted on some of these medications. A drug screen that was collected on 04/14/2014 revealed that the injured worker was in compliance with her prescription medications. The injured worker indicated that she had experienced some improvement with the right stellate ganglion block on 02/12/2014. The injured worker stated that initially she experienced improvement to both her right hand and right wrist, as well as improvement to her hand and finger range of motion. The injured worker also stated that what has been helping her best with the pain is the Norco and topical Terocin cream. There were no pain levels documented in the submitted report, or pain before or after the medication. Physical examination dated 05/13/2014 revealed that the injured worker's right hand range of motion was limited, with limitation in finger extension. She had the thumb held in an approximately 45 degree flexion contacted state that can be manually reversed, but that involuntarily returns to the position. There was pain with manual extension at this time of the fingers and the thumb. Right grip strength was 3/5. Left grip strength was 4/5. There was pain documented over the ulnar aspect of the right wrist and forearm to pressure. No skin or trophic changes. Positive for moderate hyperesthesia presented at this time over the wrist. Positive for pain to flexion and extension range of motion in the left wrist. No sudomotor changes. Moderate pain to pressure over the palmar aspect of the left wrist, both ulnar and radial aspects. Pain to pressure over the thenar

eminence. There were no visible external changes to the left upper extremity, although pain to the left upper extremity grip as well as to the elbow with flexion and extension. Cranial nerves were intact, with no apparent weakness of any extremity. No generalized sensory deficits noted. The treatment plan is for the injured worker to continue the use of Symbicort MDI and Norco 10/325 mg. The rationale was not submitted for review. The request for authorization form was submitted 12/23/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Symbicort MDI prn: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbl.nlm.nih.gov/pubmedhealth/PMHT0009341/report=details>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary, Asthma medications, Symbicort MDI prn.

Decision rationale: The request for Symbicort MDI prn is not medically necessary. ODG recommends inhaled corticosteroids (ICSs) are the most effective long-term control therapy. When choosing among treatment options, consider domain of relevance to the patient (impairment, risk or both), patient's history of response to the medication, and patient's willingness and ability to use the medication. According to the very widely recognized GINA (Global Initiative for Asthma) guidelines, the treatment of occupational asthma is identical to other forms of this condition. Therefore, when considering which medications are appropriate for treatment of occupational asthma, the GINA guidelines as well as a number of other guidelines are reviewed. According to the submitted report dated 05/13/2014, the injured worker appeared to have well controlled asthma with no documentation of frequent hospitalizations. There was no documentation to support the severity of the asthma that would require Symbicort MDI. Given the above, the request for Symbicort MDI prn is not medically necessary.

Norco 10/325mg 1 po q 6 hrs prn #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines-Opioids Page(s): 78-80,91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, On-Going Management and Opioids for chronic pain Page(s): 75; 78; 80.

Decision rationale: The request for Norco 10/325mg 1 po q 6 hrs prn #120 is not medically necessary. The injured worker indicated that she had experienced some improvement with the right stellate ganglion block on 02/12/2014. The injured worker stated that initially she experienced improvement to both her right hand and right wrist, as well as improvement to her hand and finger range of motion. The injured worker also stated that what has been helping her

best with the pain is the Norco and topical Terocin cream. There were no pain levels documented in the submitted report, or pain before or after the medication. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that opioids appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. California MTUS guidelines also indicate that the use of drug screening is for patients with documented issue of abuse, addiction, or poor pain control. MTUS guidelines also state that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The documentation submitted for review indicated that the Norco 10/325 mg was helping the injured worker. However, there was no quantified information regarding pain relief. There was also no assessment regarding current pain on a VAS, average pain, intensity of pain, or longevity of pain relief. There was a drug screen submitted on 04/16/2014 that revealed that the injured worker had been in compliance with the MTUS, but there was no mention of any side effects. Given the above, the request for Norco 10/325 is not supported by the California MTUS. Furthermore, the request as submitted did not indicate duration of the medication. As such, the request is not medically necessary.