

Case Number:	CM14-0094823		
Date Assigned:	07/25/2014	Date of Injury:	08/06/2012
Decision Date:	09/11/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/23/2014

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 Practice, 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:

Injured worker is a 36 year-old female who sustained a work injury on 08/06/2012 involving the wrists and thumbs. She was diagnosed with carpal tunnel syndrome, DeQuervain's tenosynovitis and radial nerve palsy. She underwent a left carpal tunnel release surgery. She had received wrist injections, therapy and used Hydrocodone for several months. A urine drug screen in February 2014 was consistent with medications taken. A progress note on 04/15/2014 indicated the claimant had continued wrist pain but Vicodin (Hydrocodone) provided functional gains. Physical exam was only notable for decreased sensation in the right dorsal wrist. The gross physical exam of the wrists were otherwise normal. This had been unchanged for several months. The treating physician recommended a follow-up visit for medications, a urine drug screen. A subsequent request was made for Norco with 3 months supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), Pain Procedure Summary, Evaluation & Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office Visits.

Decision rationale: According to the ODG guidelines, follow-up office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In this case, the claimant had an unchanged examination of the wrists. A pain scale had not been established to determine there was a continued need to change medication intervention. The amount of follow-up visits was not identified. The request above is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary, Urine Drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screening Page(s): 82-92.

Decision rationale: Per the MTUS guidelines a urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.

Norco 7.5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, opioids are not indicated as a 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial bases for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Hydrocodone and Vicodin for several months. They are all similar to Norco in formulation. The claimant's physical function was stable and pain scale score response was not noted. The use of Norco for 3 months without monitoring monthly response need is not medically necessary.