

Case Number:	CM14-0107301		
Date Assigned:	08/01/2014	Date of Injury:	05/20/2002
Decision Date:	07/07/2015	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old male, who sustained an industrial injury on 05/20/2002. He reported left hand and left finger pain. The injured worker is currently retired. The injured worker is currently diagnosed as having bilateral carpal tunnel release, status post saw injury with multiple procedures/reconstructions with residual swan neck deformities noted about the left long and ring fingers, and metacarpophalangeal joint arthrosis of bilateral thumb joints. Treatment and diagnostics to date has included x-rays that showed degenerative changes in his fingers mostly involving the thumb joint, multiple hand/wrist surgeries, physical therapy, cold packs, Transcutaneous Electrical Nerve Stimulation Unit, and medications. In a progress note dated 06/03/2015, the injured worker presented with complaints of numbness, tingling, and weakness of his bilateral hand/wrist joints and has a lot of difficulty with pushing, pulling, gripping, grasping, holding, and manipulating objects. Objective findings include healed incisions to his wrist joints, paresthesia noted within the median nerve distribution, deformity noted at the metacarpophalangeal joints of his thumbs, and no change in range of motion to his hands or his wrist. The treating physician reported requesting authorization for Oxycodone and carpal tunnel braces.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 30mg, # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work-related injury in May 2002 and underwent bilateral carpal tunnel release surgeries with a left carpal tunnel release done in April 2014. When seen, he remained symptomatic on the left side. There was decreased grip strength and sensation with tenderness and a fourth finger deformity. Medications included oxycodone at a total MED (morphine equivalent dose) of 145 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 2 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, ongoing prescribing of oxycodone at this dose was not medically necessary.

(1) Pair of carpal tunnel braces: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic) Brace.

Decision rationale: The claimant sustained a work-related injury in May 2002 and underwent bilateral carpal tunnel release surgeries with a left carpal tunnel release done in April 2014. When seen, he remained symptomatic on the left side. There was decreased grip strength and sensation with tenderness and a fourth finger deformity. Medications included oxycodone at a total MED (morphine equivalent dose) of 145 mg per day. In the treatment of carpal tunnel syndrome, guidelines recommend splinting of the wrist in neutral position at night and during the day as needed as an option in conservative treatment. In this case, however, only a single left carpal tunnel brace would be appropriate. The need for a pair of braces is not established and the request cannot be considered medically necessary.