

Case Number:	CM15-0002072		
Date Assigned:	01/13/2015	Date of Injury:	08/08/2014
Decision Date:	03/09/2015	UR Denial Date:	12/20/2014
Priority:	Standard	Application Received:	01/05/2015

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: Ohio, North Carolina, Virginia
 Certification(s)/Specialty: Family Practice

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 31 year old male who sustained an industrial related injury on 8/8/14. A physician's report date 12/29/14 noted the injured worker had complaints of right wrist pain. The injured worker was taking norco and relafen. Physical examination findings included tenderness over the dorsum of the right hand, limited motion with right wrist extension and flexion, and paresthesia extending to the index and middle fingers of the right hand. A significant decrease in right grip strength was noted. Diagnoses included early signs of chronic regional pain syndrome of the right wrist, rule out carpal tunnel syndrome, and right wrist tendonitis. The physician noted electrodiagnostic studies, norco, and acupuncture treatments were recommended. On 12/31/14 the treating physician requested authorization for 90 norco 10/325mg, 1 electromyogram/nerve conduction velocity (EMG/NCV) study for the right hand/wrist, and 8 acupuncture visits. On 12/20/14 the requests for 90 norco 10/325mg, 1 electromyogram/nerve conduction velocity (EMG/NCV) study for the right hand/wrist, and 8 acupuncture visits were non-certified. Regarding norco, the utilization review (UR) physician cited the Chronic Pain Medical Treatment Guidelines and noted without evidence of significant functional improvement or return to work continued use of opioids is not supported by the referenced guidelines. Regarding EMG/NCV the UR physician cited the American College of Occupational and Environmental Medicine guidelines and noted there had been some discrepancy in subjective and objective findings during examination. Therefore the request was non-certified. Regarding acupuncture, the UR physician cited the Acupuncture Medical Treatment Guidelines and noted

based on a lack of guidelines support for the use of acupuncture for treatment of wrist and hand injures 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:

90 Norco 10/325mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Patients requiring opioids should have ongoing assessment of pain relief, functional status, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there are improvements in pain and functionality and/or the injured worker has regained employment. In this instance, improvement in pain and functionality as a consequence of the medication was documented in the clinic note dated 12-29-2014. While the guidelines call for urine drug screening at the initiation of opioid therapy, there has been a stop and start pattern to the Norco prescriptions indicating short-term use intentionality. Therefore, Norco 10/325mg #90 is medically necessary.

1 EMG/NCV studies, right hand/wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 261.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forearm, wrist, and hand

Decision rationale: Electrodiagnostic studies are recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. Also recommended for diagnosis and prognosis of traumatic nerve lesions or other nerve trauma. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), and possibly the addition of electromyography (EMG). Among patients seeking treatment for hand and wrist disorders generally, workers' compensation patients underwent more procedures and more doctor visits than patients using standard health insurance. WC patients underwent surgery at a higher rate -- 44% compared to 35% -- and electrodiagnostic testing -- 26% compared to 15%. (Day, 2010) Electrodiagnostic studies are recommended for neurotrauma (e.g., traumatic nerve lesion). Injury to the ulnar nerve can occur at the wrist and forearm in addition to median nerve injury at the wrist and ulnar nerve injury at the elbow. Studies may be done if the provider suspects ulnar nerve injury at the wrist and wants electrodiagnostic testing prior to deciding on surgical treatment. In this instance, there is a question of carpal tunnel syndrome versus complex regional pain syndrome with a neurologic picture that does not allow easy diagnostic classification. Therefore, one EMG/NCV study of the right hand/wrist is medically necessary.

8 Acupuncture Visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Forearm, Wrist & Hand (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: Per the California MTUS most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use for forearm, wrist, and hand complaints. The exception is corticosteroid injection about the tendon sheaths or, possibly, the carpal tunnel in cases resistant to conservative therapy for eight to twelve weeks.