MAXIMUS Federal Services

Case Number:	CM15-0002766		
Date Assigned:	01/30/2015	Date of Injury:	07/30/2007
Decision Date:	03/25/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/06/2015

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: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 sustained an industrial injury on 07/30/2007. A primary treating offic visit dated 11/26/2014 reported the patient not currently working with subjective complaint of right foot hip and wrist pain. she is prescribed the following medicaitons; Vistaril, Relafen and Norco 5/325. Prior history showed attending physical therapy for ankle, Physical examination found wearing right wirst brace, right elbow garment with flex contracture of the right middle finger and diffuse tnederness to right middle and ring fingers. She is diagosned with ankle/foot pain improved, chronic pain syndrome and degenerative joint disease hip, worse. The plan of care involved reviewing the therapy notes, continue physical therapy, recommending weightloss program, exercise program, occupational therapy. On 12/17/2014 Utilization Review non-certified the request, noting the CA MTUS/ ACOEM Guidelines, Opiods, Forearem, wrist and hand, Carpal Tunnel Syndrome were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg Qty 15: 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): 74-96.

Decision rationale: The patient presents with pain affecting the right foot, wrist, and hip. The current request is for Norco 5/325 mg Qty 15. The treating physician states, Reports difficulty with personal hygiene due to arm and hand pain, family members assist with hygiene needs including showering. Taking Norco PRN which is helpful for decrease in pain, increase in ADL, no side effects. (116C) For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician documented that the patient has a decrease in pain with the use of Norco, did not document any side effects, but had conflicting information regarding ability to do ADLs and did not state if the patient was experiencing any aberrant behaviors. The documentation provided did not meet the criteria outlined in the MTUS guidelines as all 4 A's were not documented. The current request is not medically necessary and the recommendation is for denial.

Right Hand Extension Splint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

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

Decision rationale: The patient presents with pain affecting the right foot, wrist, and hip. The current request is for Right Hand Extension Splint. The treating physician states, Wearing right wrist brace and right elbow garment. Request auth for right hand extension splint. (116C) The ODG guidelines support splints for patients with displaced fractures, mallet finger, rheumatoid arthritis, after extensor tendon repair and arthritic pain. In this case, the treating physician has not documented why the patient needs a new splint and the patient has not had any documented displaced fractures, mallet finger, rheumatoid arthritis, after extensor tendon repair or arthritic pain. The current request is not medically necessary and the recommendation is for denial.

Paraffin Bath: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wrist/Hand Paraffin Wax Baths

Decision rationale: The patient presents with pain affecting the right foot, wrist, and hip. The current request is for Paraffin Bath. The treating physician states, Request auth for paraffin bath. (116C) The ODG guidelines state, Recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). In this case, the treating physician has not documented that the patient has arthritic pain. The current request is not medically necessary and the recommendation is for denial.