

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0008377 | | |
| Date Assigned: | 01/23/2015 | Date of Injury: | 08/11/2014 |
| Decision Date: | 03/11/2015 | UR Denial Date: | 12/22/2014 |
| Priority: | Standard | Application Received: | 01/14/2015 |

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 65 year old male, who sustained an industrial injury on 8/11/2014. He has reported right wrist pain with associated symptoms of numbness to fingers, and significant right knee pain with swelling. The diagnoses have included carpal tunnel syndrome and tendinitis. Magnetic Resonance Imaging (MRI) of right knee from 8/29/14, significant for chronic medial meniscus tear, degenerative marrow edema, and medial femoral condyle, Magnetic Resonance Imaging (MRI) of right wrist 8/29/14, significant for subchondral cyst/erosion at distal post of scaphoid, lunate and 3rd metacarpal head and small effusion at pisiform-triquetral joint. Treatment to date has included wrist splint, cane for ambulation, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesics, activity modification, occupational therapy, chiropractic care, and therapeutic injections. Currently September 16, 2014, the IW complains of constant sharp right knee pain rated 8-9/10 VAS. Also complaints of right wrist pain, associated with numbness of fingers, rated 8/10 VAS, improved with medications, rest, ice and reduced weight bearing. Physical examination documented no acute wrist findings, and right knee with decreased flexion, and x-ray with severe degeneration. Plan of care included injections to wrist and knee, with possible knee replacement and carpal tunnel release. On 12/22/2014 Utilization Review non-certified post operative Norco 5/325mg #60, noting the documentation did not support medical necessity because the right carpal tunnel surgery request was not certified by utilization review. On 1/14/2015, the injured worker submitted an application for IMR for review of post operative Norco 5/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Norco 5/325mg Qty 60: Overturned

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): 91.

Decision rationale: Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet; Lorcet, Lortab; Margesic-H, Maxidone; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available): Indicated for moderate to moderately severe pain. Note: there are no FDA-approved hydrocodone products for pain unless formulated as a combination. In this instance, the proposed carpal tunnel release surgery was not certified by utilization review. The request does not appear to have been denied at this point by an Independent Medical Reviewer and thus the surgery remains a possibility. To deny the use of Norco post-operatively at this point would preclude the use of pain medication should the decision be reversed upon independent medical review. The use of Norco after carpal tunnel release surgery would be perfectly appropriate were it to occur. That remains a possibility at this date. Therefore, Post-Op Norco 5/325mg Qty 60 is medically necessary. This of course presumes a reversal upon independent medical review of the requested surgery.