

<b>Case Number:</b>	CM15-0008679		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	08/08/2014
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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

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 31-year-old male, who sustained an industrial injury on August 8, 2014. The diagnoses have included early signs of chronic regional pain syndrome, right wrist following right wrist injury, ruled out carpal tunnel syndrome, other peripheral neuropathy, and right wrist tendonitis. Treatment to date has included oral pain medication and muscle relaxer. 12/1/14 new patient consultation report notes pain mostly in the dorsal wrist as well as pain in the palm with numbness and tingling in the fingers. Pain is rated 6/10. Current medications are noted to be anti-inflammatories. On exam, there is tenderness, swelling, and limited ROM. On January 6, 2015 Utilization Review non-certified a Norco 10/325mg quantity 90, electromyogram study right hand and wrist, nerve conduction study to right hand and wrist and acupuncture 8 visits, noting, Medical Treatment Utilization Schedule Guidelines and American College of Occupational and Environmental Medicine was cited. On January 5, 2015, the injured worker submitted an application for IMR for review of Norco 10/325mg quantity 90, electromyogram study right hand, and wrist, nerve conduction study to right hand and wrist and acupuncture 8 visits.

### 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 Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

**Decision rationale:** Regarding the request for Norco, California MTUS and ACOEM cite that opioids should be used only if needed for severe pain and only for a short time. Within the documentation available for review, the patient was seen for the first time by the provider and was currently utilizing anti-inflammatory medications with 6/10 pain. The provider recommended Norco to treat the pain. A short course of this medication appears appropriate, although ongoing use will require documentation of quantified pain relief, functional improvement, lack of intolerable side effects, and appropriate medication use in accordance with the recommendations of the CA MTUS. In light of the above, the currently requested Norco is medically necessary.

**8 ACUPUNCTURE VISITS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, while a trial of 6 sessions (as was modified by the utilization reviewer) would be appropriate, the current request for 8 visits exceeds the 6-visit trial recommended by guidelines and, unfortunately, there is no provision to modify the current request. As such, the currently requested acupuncture is not medically necessary.