

Case Number:	CM15-0137108		
Date Assigned:	07/28/2015	Date of Injury:	09/05/2014
Decision Date:	08/24/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/15/2015

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: Emergency Medicine

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 41 year old female, who sustained an industrial injury on 9/5/14. She reported neck burning at work on right side and right hand began to have tingling and numbness. (It is also noted she had 2 workmen's compensation claims in 1998 involving the upper extremities and 3 carpal tunnel surgeries). The injured worker was diagnosed as having severe bilateral carpal tunnel syndrome, status post bilateral carpal tunnel releases (1996), right first carpometacarpal degenerative joint disease and left C7 Radiculopathy. Treatment to date has included oral medications including Norco, Lyrica, Gabapentin and Tramadol, 6 sessions of physical therapy, 1 session of acupuncture (did not complete treatments due to aggravation of her pain) and activity restrictions. (MRI) magnetic resonance imaging of cervical spine performed on 12/4/14 revealed moderate left sided foraminal narrowing at C5-6, mild left paracentral ventral cord indentation and relatively mild posterior disc bulges at C3-4 and C6-7 without impingement. (MRI) magnetic resonance imaging of right wrist performed on 2/24/15 revealed indication of previous carpal tunnel release surgery, mild prominence of median nerve proximal to and within the carpal tunnel, mild tenosynovitis of extensor carpal radialis brevis and longus tendons and non-specific tubular cystic changes within the muscles of thenar eminence. (NCV) Nerve Condition Velocity studies were performed on 12/20/14 which revealed acute C7 Radiculopathy of the left, acute C7 or C6 Radiculopathy on right, severe bilateral carpal tunnel syndrome affecting motor components and no evidence of focal nerve entrapment, brachial plexopathy or generalized peripheral neuropathy in either upper limb. Currently on 6/9/15, the injured worker complains of neck pain with radiation down the right upper extremity with intermittent numbness rated 8/10 and bilateral hand numbness. She is temporarily

totally disabled. Physical exam performed on 6/9/15 revealed tenderness and spasms of cervical paracervical muscles, trapezius musculature bilaterally and over the interscapular space with decreased sensation over the right C5, 6, 7 and 8 dermatome distributions. The treatment plan included recommendation for a hand specialist, pain management consultation, cervical epidural steroid injection and refilling Norco 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco 10/325 mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck pain with radiation down the right upper extremity with intermittent numbness rated 8/10 and bilateral hand numbness. She is temporarily totally disabled. Physical exam performed on 6/9/15 revealed tenderness and spasms of cervical paracervical muscles, trapezius musculature bilaterally and over the interscapular space with decreased sensation over the right C5, 6, 7 and 8 dermatome distributions. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325 mg #60 is not medically necessary.

One (1) pain management consultation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, page 1, Part 1: Introduction Page(s): 1.

Decision rationale: The requested One (1) pain management consultation is medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009 chronic pain, page 1, Part 1: Introduction states if the complaint persists the physician needs to reconsider the diagnosis, and decide whether a specialist evaluation is necessary. The injured worker has neck

pain with radiation down the right upper extremity with intermittent numbness rated 8/10 and bilateral hand numbness. She is temporarily totally disabled. Physical exam performed on 6/9/15 revealed tenderness and spasms of cervical paracervical muscles, trapezius musculature bilaterally and over the interscapular space with decreased sensation over the right C5, 6, 7 and 8 dermatome distributions. The treating physician has documented persistent radicular symptoms and exam findings to necessitate a pain management consult. The criteria noted above having been met, One (1) pain management consultation is medically necessary.

One (1) cervical epidural injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 46, Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The requested One (1) cervical epidural injection is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of Radiculopathy, after failed therapy trials; and note in regard to repeat injections: In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The injured worker has neck pain with radiation down the right upper extremity with intermittent numbness rated 8/10 and bilateral hand numbness. She is temporarily totally disabled. Physical exam performed on 6/9/15 revealed tenderness and spasms of cervical paracervical muscles, trapezius musculature bilaterally and over the interscapular space with decreased sensation over the right C5, 6, 7 and 8 dermatome distributions. The treating physician did not document the level of the previous or currently requested epidural injection, nor the percentage of relief from the previous epidural injection, nor documented derived functional improvement including medication reduction from the previous epidural injection. The criteria noted above not having been met, One (1) cervical epidural injection is not medically necessary.