

Case Number:	CM15-0138895		
Date Assigned:	07/28/2015	Date of Injury:	07/25/2003
Decision Date:	08/31/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/17/2015

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: Indiana, Michigan, California
 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 30 year old female with a date of injury of July 25, 2003. Diagnoses include repetitive motion injury overuse syndrome, de Quervain's stenosing tenosynovitis, and bilateral upper extremity myofascial pain. Treatment consisted of physical therapy, medications, cortisone injection, and bilateral wrist de Quervain's release. Request is for continued Norco and bilateral nerve conduction study and electromyography.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids On-going Management Page(s): 78, 80.

Decision rationale: MTUS guidelines have specific steps to include in the on-going management of opioid use. These include monitoring analgesia, activities of daily living, adverse

side effects and aberrant drug taking behaviors. The guidelines also recommend when to continue opioids and this includes returning to work and improved functioning and pain. Records reviews do not demonstrate any improvement in function or pain status. In fact, a decrease in function is noted and indicates the need to discontinue opioid use. As a result, the request for Norco is not medically necessary and appropriate.

1 NCS and EMG for the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic) EMG (2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The injured workers upper extremity symptoms are persistent despite surgical treatment. Guidelines state appropriate electro diagnostic studies may help differentiate between carpal tunnel syndrome and other conditions and acknowledge that testing may be repeated later in the course of treatment if symptoms persist. The request for a nerve conduction study and electromyography are medically necessary and appropriate.