

Case Number:	CM15-0147049		
Date Assigned:	08/10/2015	Date of Injury:	06/06/2013
Decision Date:	09/18/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/28/2015

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: Orthopedic Surgery, Hand Surgery, Sports 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 56-year-old female who sustained an industrial injury on 06-06-2013 resulting in cumulative trauma injury to the left hand and fingers. Treatment provided to date has included physical therapy; injections; medications; and conservative therapies and care. Recent diagnostic testing included: Electromyogram and nerve conduction studies of the upper extremities (2014) showing evidence of moderate left median sensory-motor neuropathy on the right and slight degree of left ulnar neuropathy across the elbow. Other noted dates of injury documented in the medical record include: 2006 and 2012 to 2013. There were no noted comorbidities. On 07-02-2015, physician progress report noted complaints of continued pain to the inner side of the left elbow with numbness in the left ring finger and small finger. No pain rating or description of pain was mentioned. Additional complaints included increased stiffness in the middle finger, and numbness and tingling in the left hand. Current medications include tramadol, Restoril and ibuprofen. The physical exam revealed left elbow range of motion (ROM) from 0-140 degrees, 80 degrees of pronation and supination; positive Tinel nerve at the left elbow with reproduction of shooting pain and numbness to ring finger and small finger of the left hand; decreased grip strength in the left hand; diminished sensation to light touch of the ring finger and small finger; restricted flexion of the middle finger of the left hand; and diffuse tenderness over the flexor tendon sheath of the middle finger. The provider noted diagnoses of left elbow cubital tunnel syndrome, left wrist carpal tunnel syndrome, status post arthroscopic surgery of the right shoulder and right wrist, status post left ring finger trigger finger release, cervical spine strain and sprain, and lumbar spine strain and sprain. Plan of care includes: a

cortisone injection to the left middle finger flexor tendon sheath (administered on 07-02-2015); left elbow medial epicondylectomy and ulnar nerve decompression with left wrist carpal tunnel release, post-operative physical therapy, post-operative sling, post-operative Norco, continued home exercises, continued medications (tramadol, Restoril and ibuprofen), and follow-up in 4 weeks. The injured worker's work status remained temporarily totally disabled. The request for authorization and IMR (independent medical review) includes: Norco 10-325mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/320mg #100: Upheld

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 Opioids Page(s): 74-91. Decision based on Non-MTUS Citation J Hand Surg Am. 2012 Apr; 37 (4): 645-50. doi: 10.1016/j.jhsa.2012.01.035. Epub 2012 Mar 10.

Decision rationale: This is a request for 100 10-milligrams Norco tablets following planned upper extremity surgery. 1000 mg of hydrocodone is a very large amount and much greater than typically prescribed or necessary following extremity surgery. Because opioids have many side effects and carry substantial risk of addiction and diversion, the California MTUS and all other guidelines recommend limiting their use to the minimum necessary to control severe pain symptoms. The study referenced in patients undergoing upper extremity surgery concluded 30 tablets was excessive. The request for 100 of the largest manufactured Norco tablets is medically unnecessary.