

Case Number:	CM15-0202592		
Date Assigned:	10/19/2015	Date of Injury:	06/11/2013
Decision Date:	11/30/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/15/2015

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: North Carolina
 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 43 year old, male who sustained a work related injury on 7-11-13. A review of the medical records shows he is being treated for right wrist pain. In progress notes dated 7-10-15 and 8-14-15, the injured worker reports constant pain in his right wrist. He describes the pain as throbbing, aching and stabbing. He rates his pain level a 7-8 out of 10. He reports numbness and tingling in the right thumb and right wrist surgical scar. He feels his pain is "worsening." He states the pain gets worse at night. He feels the physical therapy sessions have been "helpful." On physical exam dated 8-14-15, he has tenderness at the right wrist. He has decreased range of motion in right wrist. Treatments have included right wrist surgery on 6-9-15, 12 postoperative sessions, rest, activity modifications, heat therapy and medications. Current medications include Norco and Hydrochlorothiazide. He has been taking the Norco since at least January, 2015. There is insufficient documentation of how effective the Norco is at bringing his pain level down or how it is helping to improve his functional capabilities. He is temporarily totally disabled. The treatment plan includes additional postoperative physical therapy and to continue the Norco. The Request for Authorization dated 8-14-15 has requests for continuing postoperative physical therapy, for Norco and Hydrochlorothiazide and for a referral for a functional capacity evaluation. In the Utilization Review dated 9-21-15, the requested treatment of Norco 10-325mg. #120 is modified to Norco 10-325mg. #60. The requested treatment of continued postoperative physical therapy 2 x 4 is modified to postoperative physical therapy for 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

Continue Post-op Physical Therapy 2xwk x 4wks: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.