

Case Number:	CM15-0208963		
Date Assigned:	10/27/2015	Date of Injury:	05/18/2012
Decision Date:	12/11/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/23/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52-year-old female sustained an industrial injury on 5-28-12. Documentation indicated that the injured worker was receiving treatment for locked right trigger thumb and right upper extremity myofascial pain. Previous treatment included physical therapy, injection, splinting and medications. A PR-2 dated 9-14-15 indicated that current medications consisted of Tramadol, Trazodone, Ibuprofen and Voltaren gel. In an orthopedic progress noted dated 9-29-15, the injured worker reported "minimal" improvement from recent right hand injection. The injured worker complained of persistent lock and triggering of the right thumb associated with worsening numbness that now radiated distally and diffuse forearm and wrist pain with radiation to the shoulder. The injured worker could not bend the thumb. The thumb was stuck in extension with limited function. Physical exam was remarkable for positive carpal tunnel compression test and Phalen's test, tenderness to palpation at the A1 pulley with minimal swelling. The thumb was locked. The physician documented that electrodiagnostic testing (4-17-15) showed increased sensory latency and slowing of motor latency. The treatment plan included right carpal tunnel release, postoperative occupational therapy, postoperative custom splinting and a new prescription for Norco. On 10-25-15, Utilization Review modified a request for Norco 10-325mg #45 with one refill to Norco 10-325mg #45 with no refills and non-certified a postoperative custom splinting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #45 Refill 1: Upheld

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

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

Decision rationale: The patient is a 52 year old female who was certified for a right carpal tunnel release. A request had been made for postoperative analgesia, Norco 10/325 #45 with 1 refill. This was not certified but modified to no refills. As the patient was certified for carpal tunnel release, narcotic analgesia is necessary for adequate pain relief in the acute period. Norco 10/325 #45 should be sufficient for coverage during the acute postoperative period. From page 77-78, Opioids, criteria for use: Initiating Therapy; (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. (e) If partial analgesia is not obtained, opioids should be discontinued. (d) Prophylactic treatment of constipation should be initiated. Thus, the use of a short-acting narcotic is consistent with the guidelines. However, the added refill would not be necessary at the time of initiating therapy. If further narcotic analgesia is necessary, guidelines related to on-going management would be appropriate and could be considered at that time. Therefore, the requested treatment is not medically necessary.

Post-operative Custom Splinting: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal tunnel syndrome.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The patient is a 52 year old female who was certified for a right carpal tunnel release. A request had been made for postoperative custom splinting. Based on guidelines from ACOEM, splinting beyond 48 hours may be largely detrimental and that there may not be any beneficial effect from any splinting. Therefore, this would preclude the necessity for a custom-made splint. It should not be considered medically necessary. From page 270, ACOEM, Chapter 11: Two prospective randomized studies show no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. In fact, splinting the wrist beyond 48 hours following CTS release may be largely detrimental, especially compared to a home therapy program.