MAXIMUS Federal Services

Case Number:	CM15-0221378		
Date Assigned:	11/16/2015	Date of Injury:	07/19/2013
Decision Date:	12/30/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/10/2015

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:

This injured worker is a 30 year old female, who sustained an industrial injury on 07-19-2013. The injured worker was diagnosed as having right mild to moderate carpal tunnel syndrome status post one injection with failure to improve with therapy, right ulnocarpal wrist pain with ulnar positive variance-stable and new-onset right index and middle finger trigger fingers status post one injections with recurrent. On medical records dated 08-31-2015 and 09-22-2015, the subjective complaints were noted as pain and numbness along the right radial three digits and oftentimes this pain would radiate proximally to her shoulder and neck regions, popping and triggering to the long and right fingers on the right. Objective findings were noted as tenderness to palpation in the index and middle finger A1 pulley with no nodules or triggering noted. Treatment to date included medication, therapy and splinting. The provider recommended a surgical intervention right carpal tunnel and possible trigger finger releases. Current medications were listed as Cyclobenzaprine HCL, Diclofenac, Ibuprofen, Relafen and Tramadol HCL. The Utilization Review (UR) was dated 10-06-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for post op custom splint was modified and Norco 10-325mg, #45 with 1 refill was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op custom splint: Upheld

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

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

Decision rationale: This is a request for a custom splint to be used after carpal tunnel and trigger finger release surgery. Splinting is not recommended after either surgery. The California MTUS notes on page 270 that, 2 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 carpal tunnel release may be largely detrimental, especially compared to a home therapy program. Therefore, the request is not necessary.

Norco 10/325mg, #45 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, dosing. 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, Opioid consumption following outpatient upper extremity surgery, Rodgers J1, Cunningham K, Fitzgerald K, Finnerty E.

Decision rationale: This is a request for 45 10-milligram Norco tablets and a refill to be used following carpal tunnel and trigger finger surgery. The California MTUS notes that opioids should always be used at the lowest effective dose and for the least amount of time because such medications have high risks of complications. Norco is a DEA scheduled II narcotic which carries high risk of physical and psychological dependence. The DEA notes that the hydrocodone in Norco is associated with more addiction and diversion and any other opioid (www.dea.gov/druginfo/drug_data_sheets/Hydrocodone.pdf). The 10 mg dosage is the largest manufactured. Studies of opioid use following upper extremity surgery have concluded that 30 tablets is excessive. Further, DEA regulations do not allow refills of schedule II narcotics. Therefore, this request for 45 10-milligrams Norco tablets and a refill for use after carpal tunnel and trigger finger surgery is not medically necessary.