

Case Number:	CM15-0059838		
Date Assigned:	04/06/2015	Date of Injury:	08/16/2004
Decision Date:	05/05/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/30/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old female who sustained an industrial injury on 8/16/04. The injured worker reported symptoms in the cervical spine and bilateral upper extremities. The injured worker was diagnosed as having status post crush injury of bilateral wrists, median nerve neuropathy of bilateral wrists, reflex sympathetic dystrophy, laceration of the dorsal sensory branch of the radial nerve with residual neuroma, median nerve neuropathy of both wrists status post decompression. Treatments to date have included oral pain medication, status post stimulator placement, status post shoulder surgery, physical therapy, anti-inflammatories, home exercise program, and injections. Currently, the injured worker complains of pain in the cervical spine and bilateral upper extremities. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, seventy count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) CRPS, medications.

Decision rationale: The injured worker sustained a work related injury on 8/16/04. The medical records provided indicate the diagnosis of post crush injury of bilateral wrists, median nerve neuropathy of bilateral wrists, reflex sympathetic dystrophy, laceration of the dorsal sensory branch of the radial nerve with residual neuroma, median nerve neuropathy of both wrists status post decompression. Treatments to date have included oral pain medication, status post stimulator placement, status post shoulder surgery, physical therapy, anti-inflammatories, home exercise program, and injections. The medical records provided for review do not indicate a medical necessity for Norco 10/325 mg, seventy count. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate long term use of opioids; however, the injured worker had shoulder surgery on 02/015/2015 and has continued on opioids without overall improvement in pain and function. However, the stated reason for the continued use of opioids is because the injured worker suffers from Complex Regional Syndrome. The Official Disability Guidelines states, "There are no long term studies demonstrating efficacy of opioids as treatment for CRPS. Opioids are a second- to third- line choice for patients failing other pharmacologic interventions with the understanding that long-term use can actually worsen allodynia and/or hyperalgesia". Therefore, the request is not medically necessary.

Housekeeping services for one month: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (rev. 144, 05-06-11), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Home health services.

Decision rationale: The injured worker sustained a work related injury on 8/16/04. The medical records provided indicate the diagnosis of post crush injury of bilateral wrists, median nerve neuropathy of bilateral wrists, reflex sympathetic dystrophy, laceration of the dorsal sensory branch of the radial nerve with residual neuroma, median nerve neuropathy of both wrists status post decompression. Treatments to date have included oral pain medication, status post stimulator placement, status post shoulder surgery, physical therapy, anti-inflammatories, home exercise program, and injections. The medical records provided for review do not indicate a medical necessity for Housekeeping services for one month. The MTUS is silent on this, but the

Official Disability Guidelines does not recommend it. This guideline states, "Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. These recommendations are consistent with Medicare Guidelines". Therefore, the request is not medically necessary.