MAXIMUS Federal Services

Case Number:	CM14-0161455		
Date Assigned:	10/06/2014	Date of Injury:	08/05/2003
Decision Date:	11/07/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/01/2014

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. The expert reviewer is Board Certified in Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 47-year-old female with a date of injury of 08/05/2003. The listed diagnoses per [redacted] are:1. Knee pain.2. Shoulder pain.3. Carpal tunnel syndrome.4. Pain in joint lower leg.5. Hip bursitis.According to progress report 08/14/2014, the patient presents with knees, hips, shoulders, and right hand pain. The patient's current medication regimen includes Flexeril 10 mg, Norco 10/325 mg, Aleve 220 mg, atenolol 100 mg, Lasix 20 mg, Protonix 20 mg, stool softener 250 mg, and Ambien 10 mg. Treating physician states that the patient's pain level has increased since last visit. The patient rates her pain with medication as 8/10 and without medications as 10/10. Examination of the right wrist revealed restricted range of motion with pain. Phalen's and Finkelstein's were both positive. The patient notes that, "She cannot function with pain at a tolerable level without the full prescribed dose of medications (Norco)." When she does have her medications, she is able to control her pain and her function is improved. Without her medications, she is unable to participate in physical therapy due to increased pain. This is a request for refill of Norco 10/325 mg #120 and one Cock-Up brace for the right and left wrist. Utilization review denied the request on 09/03/2014. Treatment reports from 04/24/2014 through 08/14/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco) and Opioids, Criteria for use an.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78, 88, 89.

Decision rationale: This patient presents with low backache, bilateral hip pain, bilateral knee pain, and bilateral wrist pain. The treating physician is requesting a refill of Norco 10/325 mg #120. For opiate management, the MTUS Guidelines page 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior). The treating physician provides pain scales to denote a decrease in pain with current medication regimen. It was noted when she does not have her medications filled, she is unable to function and she is not able to participate in physical therapy due to increased pain. The treating physician states there are no side effects with taking Norco. Urine drug screen was administered on 04/24/2014 which was consistent with medications prescribed. In this case, the treating physician has noted efficacy of this medication and has documented functional changes without taking Norco. Given the treating physician's sufficient documentation for opiate management, the request is medically necessary.

1 cockup brace for the right and left wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264, 265, & 270. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: This patient presents with bilateral knee, hip, shoulder, and wrist pain. The treating physician is requesting a Cock-Up brace for the right and left wrist for wrist bracing. ACOEM Guidelines page 265 states, "When treating with splints in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting would be used at night and may be used during the day depending upon activity." Utilization review modified the certification to approve the right wrist brace and non-certified the left wrist brace stating that the patient has CTS in the right wrist only. Although the patient has a diagnosis of carpal tunnel syndrome in the right wrist only, the patient continually has noted complaints of pain in the bilateral wrist. Given such, the request is medically necessary.