

Case Number:	CM15-0109696		
Date Assigned:	06/16/2015	Date of Injury:	05/14/2012
Decision Date:	07/22/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/08/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old female sustained an industrial injury to bilateral upper extremities via repetitive trauma on 5/14/12. Previous treatment included magnetic resonance imaging, electromyography, physical therapy, acupuncture injections, bracing and medications. Electromyography/nerve conduction velocity test of bilateral upper extremities (7/31/13) was normal. Electromyography/nerve conduction velocity test bilateral upper extremities showed evidence of sparse fibrillation potentials at the left abductor pollicis brevis that could possibly indicate C8 radiculopathy versus being incidental. In the most recent PR-2 submitted for review, dated 1/14/15, the injured worker complained of pain to bilateral hands, elbows and wrist rate 7/10 on the visual analog scale. The injured worker reported that her quality of sleep was poor and that her activity level had decreased. Current medications included Gabapentin, Colace, Norco, Lunesta, Lidoderm Patch and Dexilant DR. Physical exam was remarkable for tenderness to palpation to bilateral elbows, wrists and hands with full range of motion, positive Tinel's sign at bilateral elbows, positive Phalen's sign at bilateral wrists, 5/5 motor strength and intact deep tendon reflexes to bilateral upper extremities with decreased sensation of the fingers of bilateral hands. The physician noted that the injured worker had worsening of symptoms of the upper extremities with more persistent numbness and ting that required more medications and woke her from sleep. Current diagnoses included carpal tunnel syndrome, ulnar neuropathy and medial epicondylitis. The treatment plan included refilling Norco, continuing Neurontin and obtaining a repeat electromyography.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore, this request is not medically necessary.