

Case Number:	CM15-0014543		
Date Assigned:	02/02/2015	Date of Injury:	03/25/2003
Decision Date:	03/30/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/26/2015

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: 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:

The injured worker is a 67-year-old female who reported an injury on 09/09/2002 due to an unspecified mechanism of injury. On 01/28/2015, she presented for a followup evaluation regarding her work related injury. She reported numbness in her hands, particularly in the left hand. A physical examination showed a healed right carpal tunnel incision with normal range of motion to the bilateral wrist and negative provocative testing. There was tenderness of the left wrist and hand noted on palpation and diminished sensation in the left median and ulnar nerve distribution. She was diagnosed with status post right carpal tunnel release on 06/25/2012, left median and ulnar nerve sensory neuropathy at the wrist, and stress and sleep difficulties. Information regarding her medications with frequency and duration was not stated. The treatment plan was for MS Contin 60 mg #72, Xanax 1 mg #30, and 1 surgical consultation. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg #72: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the bilateral wrists. There is a lack of documentation showing a quantitative decrease in pain or an objective improvement in function with the use of this medication. Also, no official urine drug screens or CURES reports were provided for review to validate that she has been compliant with her medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Xanax 1mg #30: 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) Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines indicate that benzodiazepines are not indicated for long term use because long term efficacy is unproven and there is a risk of dependence. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the bilateral wrists. However, there is a lack of documentation regarding how long the injured worker has been using this medication and her response in terms of pain relief and an objective improvement in function. Without this information, continuing this medication would not be supported. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

1 Surgical Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: The Official Disability Guidelines indicate that office visits should be determined based upon a review of the injured worker's signs and symptoms, clinical stability, and physical examination findings. The documentation provided does not indicate that the injured worker was unstable on examination or that she had any significant physical examination

findings or subjective complaints that would warrant the request for a surgical consultation. Without documentation of a clear rationale for a surgical consultation, the request would not be supported. Therefore, the request is not supported. As such, the request is not medically necessary.