

Case Number:	CM15-0111007		
Date Assigned:	06/17/2015	Date of Injury:	01/11/2007
Decision Date:	07/17/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old female, who sustained an industrial injury on January 11, 2007. She reported bilateral wrist and hand pain. The injured worker was diagnosed as having bilateral carpal tunnel syndrome and status post bilateral carpal tunnel release. Treatment to date has included diagnostic studies, conservative care, medications, bilateral wrist orthotic, counseling and work restrictions. Currently, the injured worker complains of bilateral wrist and hand pain with associated hand numbness. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on May 22, 2015, revealed continued pain as noted. It was noted the right side was the most symptomatic. She reported continued use of bilateral wrist braces at night. Chiropractic care and medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg qty: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in January 2007 and continues to be treated for bilateral wrist and hand pain with prior surgical treatment including bilateral carpal, release surgeries. When seen, she was having ongoing symptoms of carpal tunnel syndrome. She was wearing braces but had worsening symptoms. Prior therapy in November 2014 had not been of benefit. When seen, she was performing a limited home exercise program. She was noted to be right-hand dominant. There was decreased range of motion and decreased grip strength. There was wrist tenderness and crepitus. There was locking / catching of the left fourth finger. Medications included Norco being prescribed at a total MED (morphine equivalent dose) of 40 mg per day. Authorization for an open carpal tunnel release was requested. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and The total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

Myofascial release therapy qty: 6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in January 2007 and continues to be treated for bilateral wrist and hand pain with prior surgical treatment including bilateral carpal, release surgeries. When seen, she was having ongoing symptoms of carpal tunnel syndrome. She was wearing braces but had worsening symptoms. Prior therapy in November 2014 had not been of benefit. When seen, she was performing a limited home exercise program. She was noted to be right-hand dominant. There was decreased range of motion and decreased grip strength. There was wrist tenderness and crepitus. There was locking / catching of the left fourth finger. Medications included Norco being prescribed at a total MED (morphine equivalent dose) of 40 mg per day. Authorization for an open carpal tunnel release was requested. The claimant is being treated for chronic pain. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with that recommended and treatments would be expected to be done in conjunction with the claimant's established home exercise program. The therapeutic content being requested appears to be different from that previously tried. The request was medically necessary.

