

Case Number:	CM15-0115478		
Date Assigned:	06/23/2015	Date of Injury:	02/27/2013
Decision Date:	07/22/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/16/2015

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 with an industrial injury dated 02/27/2013. The mechanism of injury is described as an incident when her left hand and arm were hit by a conveyer belt. His diagnoses included left shoulder rotator cuff tear/labral tear status post-surgery, carpal tunnel syndrome, lumbar spine sprain and strain with bilateral lower extremity radiculitis. Prior treatment included physical therapy, home exercise program, arthroscopic subacromial decompression of left shoulder and medications. She presents on 04/28/2015 with left wrist and hand pain rated as 7-8/10. Physical exam revealed no functional change since last exam. There was tenderness in left shoulder. Gait was antalgic with the injured worker using a cane. She states medication helps. Neurological progress note dated 04/30/2015 documents the injured worker is having pain, numbness and tingling in the left shoulder extending to the left hand with weakness in the left hand. The pain is rated as 8/10. EMG done on 04/30/2015 showed left carpal tunnel syndrome - mild and no evidence of cervical radiculopathy, brachial plexopathy or other peripheral nerve entrapment on the left. The treatment request includes pain medications and a pain cream. The request is for Cyclo/Tramadol # 1 times 1 refill and Norco 5 mg/325 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5mg/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80, 86.

Decision rationale: The claimant sustains a work injury in February 2013 and continues to be treated for chronic left upper extremity pain including left hand weakness. EMG/NCS testing is referenced as having shown left carpal tunnel syndrome. When seen, pain was rated at 7-8/10. Medications are referenced as helping with pain. There was an antalgic gait with use of a cane and the claimant was noted to move stiffly. There was left shoulder tenderness. 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 using VAS pain scores that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

Cyclo/Tramadol #1 x 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustain a work injury in February 2013 and continues to be treated for chronic left upper extremity pain including left hand weakness. EMG/NCS testing is referenced as having shown left carpal tunnel syndrome. When seen, pain was rated at 7-8/10. Medications are referenced as helping with pain. There was an antalgic gait with use of a cane and the claimant was noted to move stiffly. There was left shoulder tenderness. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product and guidelines indicate that there is little to no research to support the use of compounded topical Tramadol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. This topical medication was not medically necessary.