

<b>Case Number:</b>	CM15-0125941		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	01/23/2014
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 49 year old male who sustained an industrial injury to the wrists and hands on 01/23/2014. The injured worker was diagnosed with bilateral carpal tunnel syndrome. The injured worker has medical history of hypertension and morbid obesity. Current weight was documented at 360 pounds with a height of 72 inches. The injured worker is status post right carpal tunnel release in December 2014 and left carpal tunnel release in October 2014. Treatment to date has included diagnostic testing, surgery, physical therapy, occupational therapy, ergonomic evaluation and medications. According to the primary treating physician's progress report on June 16, 2015, the injured worker continues to experience bilateral upper extremity pain, greater on the left with radiation to the hands, thumbs and fingers. The injured worker rates his pain level at 8/10 with medications and 10/10 without medications. The injured worker also reports sleep disturbance. Examination of the upper extremities demonstrated tenderness to palpation at the bilateral wrists with decreased range of motion due to pain. Sensation was noted to be decreased in the hand with motor strength within normal limits. The injured worker was noted to be working full time with restrictions. Current medications are listed as Norco 5/325mg, Gabapentin, Ibuprofen and Naproxen. Treatment plan consists of the current request for Norco 5/325mg renewal and physical therapy for the upper extremities (8 sessions).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy (Upper Extremities) QTY: 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine section, pages 98-99, Postsurgical Treatment Guidelines Page(s): 15-16.

**Decision rationale:** Physical therapy in the form of passive therapy for the wrists is recommended by the MTUS Guidelines as an option for chronic wrist pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myalgia-type pain. The Post-Surgical Treatment Guidelines also state that up to 3-8 supervised sessions of physical therapy following a carpal tunnel release is reasonable and recommended. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, has had chronic pain and weakness treated with medications, physical therapy and carpal tunnel release for both the left and right wrists. He completed at least the 3-8 sessions (each wrist) recommended and had been recommended home exercises before and after the surgeries, and should have the ability to continue performing these physical therapy exercises without supervision. There was no evidence found in the documentation, which would suggest this worker is an exception to these Guidelines. Therefore, a continuation of home exercises is sufficient and additional supervised physical therapy is not medically necessary.

**Norco 5/325mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pp.78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient information provided in the notes to show this full review was being completed regarding the Norco, which this worker had been using chronically leading up to this request for renewal.

There was a report of a pain level reduction of about 20% with the use of his medications collectively; however, there was no mention of the pain level reduction with the use of Norco, independent of other medications taken. Nor was there sufficient reporting of functional gains directly attributable to the ongoing Norco use to help justify its continuation. Therefore, the Norco is not medically necessary at this time. Weaning may be necessary.