

Case Number:	CM15-0127301		
Date Assigned:	07/13/2015	Date of Injury:	03/07/2013
Decision Date:	08/07/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/01/2015

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 (IW) is a 43 year old female who sustained an industrial injury on 03/07/2013. She reported feeling a "pop" in her right wrist and hand followed by severe throbbing pain in the right wrist, x-rays, MRI, medications, and cortisone injection. The worker is in pain management. The injured worker was diagnosed as status post bilateral de Quervain's release, bilateral carpal tunnel syndrome, bilateral reflex sympathetic dystrophy. Treatment to date has included medications and surgeries. Currently, the injured worker complains of bilateral tingling and numbness in both hands and fingers. The left wrist has popping. Her medications include Gabapentin, Norco, Ativan, and Ibuprofen. On exam, there is hypersensitivity to light touch on both wrists, weakness in grip bilaterally, and positive carpal tunnel tests. Treatment is continuation of current medications, and of staying off work. Appropriate referrals were made. Agreed on medical exam is planned. 1. Psych consult/right wrist, 2. Gabapentin 100mg #30, 3. Norco 325/10 #90, and 4. Ativan 1mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 325/10 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work injury in March 2013 and continues to be treated for numbness and tingling in the hands and fingers. She underwent bilateral DeQuervain release surgery. When seen, she was having numbness and tingling with left wrist popping with pain and swelling and stiffness of both wrists. Physical examination findings included decreased grip strength with positive Finkelstein and Phalen's testing and hypersensitivity with light touch over the wrists. Diagnoses included early CRPS. A psychological and gastroenterology evaluation was requested. Norco, gabapentin, and Ativan were prescribed. 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. Prescribing Norco was not medically necessary.

Ativan 1mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. p24.

Decision rationale: The claimant sustained a work injury in March 2013 and continues to be treated for numbness and tingling in the hands and fingers. She underwent bilateral DeQuervain release surgery. When seen, she was having numbness and tingling with left wrist popping with pain and swelling and stiffness of both wrists. Physical examination findings included decreased grip strength with positive Finkelstein and Phalen's testing and hypersensitivity with light touch over the wrists. Diagnoses included early CRPS. A psychological and gastroenterology evaluation was requested. Norco, gabapentin, and Ativan were prescribed. Ativan (lorazepam) is a benzodiazepine which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to muscle relaxant effects occurs within weeks. In addition, there are other medications considered appropriate in the treatment of this condition. Prescribing Ativan was not medically necessary.