

<b>Case Number:</b>	CM15-0129040		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	10/01/2002
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	06/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 October 1, 2002. She reported numbness and tingling of her fingers with pain in her wrists and hands due to cumulative trauma. The injured worker was diagnosed as having recurrent bilateral carpal tunnel syndrome. Diagnostic studies to date have included: On May 11, 2006, x-rays of bilateral wrists were unremarkable. On May 21, 2005, electrodiagnostic studies revealed bilateral carpal tunnel syndrome. On November 26, 2002, she underwent a right carpal tunnel decompression. Treatment to date has included occupational-physical therapy, work modifications, wrist braces, wrist control splinting, ice, heat, a home exercise program, and medications including opioid analgesic, muscle relaxant, and non-steroidal anti-inflammatory. Other noted dates of injury documented in the medical record include: March 29, 2001 and September 2002. Comorbid diagnoses included history of hypertension, diabetes, depression, and thyroid disease. On March 10, 2015, the injured worker reported increased bilateral wrist pain. She reported a recent aggravation of her left wrist injury with a sprain-type accident. The physical exam revealed a right Jamar of 10 and left Jamar of 0 and severe bilateral carpal tunnel Tinel with decreased sensation in the median nerve distribution. A urine toxicology screen did not detect opioids, which the treating physician noted was due to the injured worker's medications had not been renewed. Requested treatments include: 6 sessions of occupational therapy, Norco, and 2 urine toxicology screens.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **2 urine toxicology screens:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96; 108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance.

**Decision rationale:** MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids once during January-June and another July-December. The patient has been on chronic opioid therapy. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. Additionally, this patient's Norco has been non-certified. As such, the request for 2 urine toxicology screens is not medically necessary.

### **1 prescription of Norco 10/325mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand (Acute & Chronic), Opioids, Pain.

**Decision rationale:** ODG does not recommend the use of opioids for wrist pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain

over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Norco 325/10mg # 120 is not medically necessary.

**6 occupation therapy sessions:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute & Chronic), Physical medicine treatment (2014).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-278, Chronic Pain Treatment Guidelines Occupational Therapy and Physical Medicine Page(s): 74, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Physical/Occupational therapy.

**Decision rationale:** MTUS and ODG state regarding wrist occupational therapy, Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved. MTUS Postsurgical Treatment Guidelines additionally states, If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. ODG further states "Sprains and strains of elbow and forearm (ICD9 841): Medical treatment: 9 visits over 8 weeks. Post-surgical treatment/ligament repair: 24 visits over 16 weeks". The medical documentation provided indicates this patient had a re-injury described as a "sprain" from a fall. The requested number of sessions is within guideline recommendations. As such, the request for 6 occupation therapy sessions is medically necessary.