MAXIMUS Federal Services

Case Number:	CM15-0129890		
Date Assigned:	08/17/2015	Date of Injury:	09/05/2014
Decision Date:	09/14/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/06/2015

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: California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 41 year old female who sustained an industrial injury on 9-5-14 as the result of continuous trauma from working on computers. She had right wrist and hand pain and was diagnosed with right wrist pain. Diagnoses include bilateral carpal tunnel syndrome, status post bilateral carpal tunnel releases (right 1996); cervical radiculopathy; right first carpometacarpal degenerative joint disease. Comorbid conditions include obesity (BMI 39.2). Treatment has included medication, right wrist bracing, physical therapy, acupuncture and cervical epidural steroid injection (7-13-15). Cervical MRI on 12-4-14 showed disc bulge at C5-6 and moderate foraminal narrowing. Right wrist MRI on 2-24-15 showed changes from prior carpal tunnel surgery, mild tenosynovitis of extensor tendons and non-specific changes within the thenar muscles. Drug screen was done 5-11-15. Electromyography (12-20-14) showed bilateral carpal tunnel syndrome and left C7 radiculopathy. The progress note dated 7-7-15 reported the injured worker complained of continued neck pain radiating down the right upper extremity with intermittent numbness. Her pain level was 7/10 with medication and 9/10 without medication. She also noted side effects from use of Norco but the symptoms caused by the medication was not documented. She noted improved activity tolerance while on medication and there were no aberrant drug-seeking behaviors. On physical exam of the cervical spine there was tenderness on palpation and spasm over the trapezius musculature bilaterally and over the interscapular space, a positive Tinel's of the wrists bilaterally (right greater than left), and mildly positive Tinel's of the left elbow. Sensory exam showed decreased sensation in the radial, median and ulnar nerves distribution on the right. Upper extremity reflexes and motor strength

were normal. The treating provider's plan of care included stopping Norco and starting Tylenol No3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to A Hand Specialist: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 21; 79, 89-90, 92; and 265, 270.

Decision rationale: Decision on when to refer to a specialist is based on the ability of the provider to manage the patient's disease. It relates to the provider's comfort point with the medical situation and the provider's training to deal with that situation. The provider in this case has requested referral to a hand surgeon for evaluation of wrist and hand complaints with imaging studies documenting ongoing disease and not getting better with conservative therapy. The case is complicated by prior wrist surgery. Referral to a surgeon at this point in the patient's care appears to be appropriate. Medical necessity for referral has been established. Therefore the request is medically necessary.

Cervical ESI: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 175, 181-2, Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks; Epidural steroid injections (ESIs) Page(s): 39-40 and 46.

Decision rationale: Epidural steroid injections are an optional treatment for pain caused by nerve root inflammation, that is, pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. The ACOEM guidelines point out its use has uncertain benefits in neck pathology other than as a non-surgical treatment for nerve root compromise to clarify nerve root dysfunction prior to surgery. As per the MTUS the effects of epidural steroid injections usually will offer the patient only short term relief of symptoms as they do not usually provide relief past 3 months, so other treatment modalities are required to rehabilitate the patient's functional capacity. If these other treatment modalities have already been tried and failed, use of epidural steroid injection treatment becomes questionable unless surgery on the neck is being considered which in this case there is no documentation that that is so. The MTUS also provides very specific criteria for use of this therapy. Specifically, the presence of a radiculopathy documented by examination, corroborated by imaging, and evidence that the

patient is unresponsive to conservative treatment. It also notes that for therapeutic use of this procedure, use of repeat blocks should be based on continued objective documented pain and documentation that the prior block gave at least 50 percent pain relief with associated reduction in pain medication use for 6-8 weeks. The American Society of Interventional Pain Physician guidelines also recommend repeat therapeutic ESI for patients with cervical radiculitis or cervical disc herniation. This patient met the above criteria and had a cervical ESI done 7-13-15. There were no follow-up visits after this procedure available for review so at this point it is not possible to recommend a repeat cervical epidural steroid injection. Medical necessity for this procedure has not been established. Therefore the request is not medically necessary.

Norco 10/325 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): s 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain, Opioids Page(s): 60-1 and 74-96.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 60-120 mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. For this patient there is documentation that first-line medications have been tried, that use of medication lowers pain and improves function and that regular urine drug screens have been performed. However, the patient has side effects from this medication and the provider has stated the patient should stop using it. Considering all the above, continued use of Norco is not appropriate. Medical necessity has not been established. Therefore the request is not medically necessary.