

Case Number:	CM15-0171992		
Date Assigned:	09/14/2015	Date of Injury:	05/11/2015
Decision Date:	10/13/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/01/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 49 year old female, who sustained an industrial injury on 5-11-2015. She reported a physical altercation with injuries to the wrists and thumbs. Treatments to date include activity modification, casting and splints, medication therapy, physical therapy, and a cortisone injection. Currently, she complained of ongoing pain in bilateral wrists-hands-thumbs, with swelling in the right wrist area and associated with numbness and tingling. On 7-30-15, the physical examination documented tenderness of bilateral wrists. The provider documented "Phalen's, Finkelstein and Tinel's sign is equivocal due to sensitivity and guarding." The MRI of the right wrist dated 6-15-15 was significant for a tear of high-grade sprain and the left hand MRI significant for degenerative changes with subluxation and synovitis. The treating diagnoses included right upper extremity early Complex Regional Pain Syndrome (CRPS), rule out bilateral carpal tunnel syndrome, bilateral hand-wrist sprain-strain and stress, anxiety and depression. This appeal requested authorization of Norco 5mg #90; Gabapentin 300mg #30; and a consultation with a pain management specialist. The Utilization Review dated 8-20-15, denied the request indicating that the documentation submitted did not support medical necessity per the California MTUS Guidelines. It was further documented that a consultation with a pain management specialist was not medically necessary or appropriate until the outcome of the treatment recommendation by the hand specialist is known.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5mg per 7/30/15 order #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Norco 5mg per 7/30/15 order #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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 MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals that the patient has been on opioids without significant functional improvement therefore the request for continued Norco is not medically necessary.

Gabapentin 300mg per 7/30/15 order #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Gabapentin 300mg per 7/30/15 order #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that after initiation of antiepileptics such as Gabapentin treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The documentation indicates that the patient has been on Gabapentin without any significant evidence of functional improvement on the documentation submitted. Therefore, the request for continued Gabapentin is not medically necessary.

Consultation with a pain management specialist per 7/30/15 order: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Office visits.

Decision rationale: Consultation with a pain management specialist per 7/30/15 order is not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation indicates that the patient is to have a consultation with a hand specialist. At this point, a second consult with a pain specialist is not medically necessary without knowing the results of the hand specialist consultation. Therefore, this request is not medically necessary.