

Case Number:	CM15-0174859		
Date Assigned:	09/16/2015	Date of Injury:	11/04/2013
Decision Date:	10/23/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/04/2015

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: Pennsylvania
 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 37 year old, male who sustained a work related injury on 11-4-13. The diagnoses have included status post left wrist surgery, electrodiagnostic evidence of left cubital tunnel syndrome and electrodiagnostic evidence of bilateral carpal tunnel syndrome not verified clinically. Treatments have included oral medications, medicated creams, physical therapy, home exercises, acupuncture, left wrist surgery and a left wrist injection. Current medications include Norco (since 7-16-14). Previous medications include Vicodin and Ibuprofen. In the progress notes dated 5-26-15, the injured worker reports frequent persistent pain in the left wrist and hand. He rates this pain a 7-9 out of 10. He reports the Norco medication "controls" his pain from a 9 down to 5. Upon physical exam, he has decreased range of motion in left wrist and hand with flexion at 20 degrees and extension is 60 degrees. There is weak grip strength at 3+ out of 5. He is not working. The treatment plan includes a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek gel (Methyl Salicylate/Menthol) 4oz: Overturned

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): Salicylate topicals.

Decision rationale: According to the medical record, this worker has pain in the wrist and hand that is persisting with the use of oral pain medications. In the MTUS, salicylate topicals are discussed separately from other topical analgesics and are not included in the discussion under the heading of topical analgesics. According to the MTUS, methyl salicylate is recommended. Menthol is not specifically listed in the MTUS but is a product in BenGay that is specifically discussed under topical salicylates and is medically necessary.

Norco (Hydrocodone 10/325mg): 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: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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 last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case the worker had not returned to work and there was no objective documentation of any improvement in function. The record states that the Norco allows him to do basic activities of daily living but those activities are not listed nor is there any record of difference in performance of any specific function with and without the medication.