MAXIMUS Federal Services

Case Number:	CM15-0046478		
Date Assigned:	03/18/2015	Date of Injury:	01/01/2008
Decision Date:	04/23/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/11/2015

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: Texas, New York, 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 applicant is a represented 51-year-old [redacted] beneficiary who has filed a claim for bilateral hand and wrist pain reportedly associated with an industrial injury of January 1, 2008. In a Utilization Review Report dated February 17, 2015, the claims administrator failed to approve request for wrist corticosteroid injections, failed to approve Norco, approved Pamelor, and conditionally denied Lyrica. The claims administrator referenced a January 27, 2015 progress note in its determination. The claims administrator stated that it was denying the corticosteroid injections on the grounds that there was no evidence of failure of conservative treatment, despite the fact that the applicant was some seven years removed from the date of injury as of the date of the request. The applicant's attorney subsequently appealed. On January 27, 2015, the applicant reported ongoing complaints of thumb and bilateral shoulder pain complaints. The applicant reported ancillary complaints of anxiety, irritability, anger, and withdrawal symptoms reportedly attributed to the claims administrator's failure to provide medications. The attending provider acknowledged that the applicant was not working. The applicant had positive Tinel and Phalen signs about the wrist, it was acknowledged. The applicant had issues with carpal tunnel syndrome. Corticosteroid injections were endorsed for the same. The applicant had undergone failed carpal tunnel release surgeries and had reportedly had repeat electrodiagnostic testing demonstrating residual carpal tunnel syndrome, the treating provider contended. A rheumatology consultation was endorsed. The attending provider stated that he had restarted Norco on January 5, 2015, in conjunction with Lyrica and Pamelor. The applicant reported 4-5/10 pain complaints with medications versus 5-6/10 pain without medications. The attending provider checked the box stating

that the applicant's ability to perform activities of daily living was improved but did not elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral wrist cortisone injections under ultrasound guidance secondary to carpal tunnel syndrome: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: Yes, the request for wrist cortisone injections was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 372, the injection of corticosteroids into the carpal tunnel in mild-to-moderate cases of carpal tunnel syndrome is "recommended" after trial of splinting and/or medication therapy. Here, the applicant has, per the treating provider, failed medication therapy, earlier surgical intervention, splinting, etc. Moving forward with corticosteroid injection therapy, thus, was indicated on or around the date in question, January 27, 2015. Therefore, the request was medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: 2. Conversely, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work as of the date of the request. While the attending provider did report some marginal reduction in pain scores from 5-6/10 without medications to 4-5/10 with medications, these were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline or identify any meaningful or material improvements in function effected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.