

Case Number:	CM15-0062945		
Date Assigned:	04/08/2015	Date of Injury:	06/03/2013
Decision Date:	05/08/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/02/2015

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: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic Surgery

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 45-year-old male, who sustained an industrial injury on 06/03/2013. He reported symptoms of his arms, wrist and hands. The injured worker was diagnosed as having tendonitis. Treatment to date has included physical therapy, x-rays of the wrists and hands, medications, cortisone injection to his right hand and electrodiagnostic studies of the bilateral upper extremities. According to a progress report dated 01/19/2015, the injured worker continued to experience constant bilateral wrist pain with numbness and tingling. Pain was rated 10 on a scale of 1-10 when he used his cane. He experienced radiating pain to the fingers bilaterally along with weakness. He also had anxiety, depression, stress, insomnia and abdominal pain along hernia area. Medications included Norco, Voltaren XR and Prilosec. Diagnoses included abdominal hernia, bilateral wrist and hand pain rule out carpal tunnel syndrome, bilateral residuals status post multiple left knee operations with myoligamentous sprain/strain of the right knee, anxiety, depression, sexual dysfunction and chronic pain with hypertension. Left carpal tunnel release was authorized. Currently under review is the request for, Norco, Tylenol #4 and associated surgical service: assistant surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 po q 4-6 hours prn pain #45: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7, page 272, Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The patient is a 45-year-old male with signs and symptoms of left carpal tunnel syndrome and was certified for left carpal tunnel release. A request for post-operative pain medication was made for 2 narcotics, Norco and Tylenol #4. As the surgery was certified, it is reasonable to treat postoperative acute pain with narcotics. As the patient was already taking Norco, it is reasonable to provide this for postoperative pain control. This is anticipated to be acute/intermittent pain and thus typical guidelines as provided in Chronic Pain Medical Treatment Guidelines would not apply fully. However, from page 77 the following is stated for initiating opioid therapy: Initiating Therapy: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. Following surgery, pain would be expected to be intermittent and thus starting with a short-acting opioid like Norco is appropriate. In addition, from Table 11-7 page 272, acetaminophen/NSAIDs are recommended, but a short course of opioids is an option. More than 2 weeks of opioid, use is not recommended. Thus, based on the guidelines Norco 10/325 #45 is consistent with this and should be considered medically necessary. The UR reasoning for non-certification uses Table 11-7 as its guideline, which as reasoned above, should allow for a short course of opioids not to exceed 2 weeks.

Tylenol #4 300/60mg 1 po q 4-6 hours prn pain #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7, page 272, Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The patient is a 45-year-old male with signs and symptoms of left carpal tunnel syndrome and was certified for left carpal tunnel release. A request for post-operative pain medication was made for 2 narcotics, Norco and Tylenol #4. As the surgery was certified, it is reasonable to treat postoperative acute pain with narcotics. As the patient was already taking Norco, it is reasonable to provide this for postoperative pain control. This is anticipated to be acute/intermittent pain and thus typical guidelines as provided in Chronic Pain Medical Treatment Guidelines may not apply fully. However, from page 77 the following is stated for initiating opioid therapy: Initiating Therapy: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. Thus, 2 narcotics/opioids would not be consistent with these guidelines as well as guidelines from Table 11-7 which document a short course of opioids as an option. Therefore, Tylenol #4 should not be considered medically necessary.

Associated surgical service: Assistant surgeon: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back, surgical assistant, Chapter: Book Chapter, Basic Surgical Technique and Postoperative Care. David L. Cannon Campbell's Operative Orthopaedics, Page Number: Chapter 64, 3200-3220.

Decision rationale: The patient is a 45-year-old male with signs and symptoms of left carpal tunnel syndrome and was certified for left carpal tunnel release. A request for an assistant surgeon was recommended. The UR used guidelines from ODG surgical assistant for low back, which provide CPT codes for eligible assistants for typical back interventions and not hand interventions. Therefore, this would not specifically apply except for the concept of more complex cases can require an assistant as an option. Therefore, based on the judgment from the requesting surgeon that an assistant was necessary, additional guidelines were reviewed as follows: Chapter: Book Chapter, Basic Surgical Technique and Postoperative Care. [REDACTED] [REDACTED] Operative Orthopaedics, Page Number: Chapter 64, 3200-3220. From this reference with respect to hand surgery, the role of the assistant surgeon is defined: 'Seated opposite the surgeon, the assistant should view the operative field from 8 to 10 cm higher than the surgeon to allow a clear line of vision without having to bend forward and obstruct the surgeon's view. Although mechanical hand holders are available, they are not as good as a motivated and well-trained assistant. It is especially helpful for the assistant to be familiar with each procedure. Usually, the primary duty of the assistant is to hold the patient's hand stable, secure, and motionless, retracting the fingers to provide the surgeon with the best access to the operative field.' Thus, the role and importance of an assistant surgeon is well defined and should be considered medically necessary. Although carpal tunnel release may be considered a relatively non-complex surgery, complications can arise from injury to the median nerve or its branches, as well as the vasculature of the hand. Thus, an assistant can help to prevent this.