

Case Number:	CM15-0075185		
Date Assigned:	04/27/2015	Date of Injury:	12/01/2008
Decision Date:	05/22/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/20/2015

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, Florida, 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 50 year old female, who sustained an industrial injury on December 1, 2008. Several documents included in the submitted medical records are difficult to decipher. She reported "locking up" of both hands. The injured worker was diagnosed as having status post left carpal tunnel release and subcutaneous transposition of the ulnar nerve in 2010, status post right tennis elbow debridement in 2010, status post right cubital tunnel release in situ in 2011, recurrent right carpal tunnel syndrome, right elbow medial epicondylitis (tendinosis), possible recurrent right lateral epicondylitis (tendinosis), possible right carpal tunnel syndrome, probable right Martin-Gruber anastomosis, and cervical radiculopathy. Diagnostics to date has included electrodiagnostic studies. Treatment to date has included postoperative cubital tunnel night splinting, work modifications, and non-steroidal anti-inflammatory medication. On March 10, 2015, the injured worker complains of constant right small and ring finger numbness with a sense of clumsiness and dropping of objects often. She complains of right medial elbow pain with gripping and grasping type activities. Postoperative cubital tunnel night splinting has not been helpful. The physical exam revealed medial and lateral scars, mildly decreased flexion-extension arc, symmetrical supination and pronation of the bilateral forearms, and decreased motor strength of flexion and extension and further motor strength testing was limited by medial elbow pain. There was tenderness to palpation of the medial and lateral epicondyles, more medially than laterally. Sensation along the median, ulnar, and radial nerve distributions was intact. There was numbness along the right small and ring finger with Phalen and carpal compression testing. The treatment plan includes opioid medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone-Acetaminophen 5mg -325mg QTY: 40.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 79, 80 and 88 of 127.

Decision rationale: This injury is from about 7 years ago. There was locking up of her hands, and she is post upper extremity surgical procedures as late as 2011. There is still pain several years later. The objective functional improvement out of opiate treatment is not elucidated from the records. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids; (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.