

Case Number:	CM15-0076759		
Date Assigned:	04/28/2015	Date of Injury:	04/09/2014
Decision Date:	05/28/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/21/2015

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, California
 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 63 year old male who sustained an industrial injury on 4/9/14. The injured worker reported symptoms in the left upper extremity. The injured worker was diagnosed as having left hand foreign body, left carpal tunnel syndrome and status post left carpal tunnel syndrome release and excision of foreign body. Treatments to date have included nerve conduction studies, status post left carpal tunnel release (11/4/14), and physical therapy. Currently, the injured worker complains of left hand and wrist pain. The plan of care was for medication prescriptions, Occupational Therapy and a follow up appointment at a later date. The patient has had history of MVA. The medication list includes medication of blood pressure. Per the doctor's note dated 1/30/15 patient had complaints of pain in left wrist at 4-5/10 with swelling, numbness and tingling. Physical examination of the left wrist revealed limited range of motion tenderness on palpation, positive tincl sign, 4/5 strength and decreased sensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines - Opioids, criteria for use: page 76-80 criteria for use of opioids, Therapeutic Trial of Opioids.

Decision rationale: Norco 10/325mg #90. Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #90 is not established for this patient.

Post-op Occupational Therapy Left Wrist/Forearm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal Tunnel and Forearm/Wrist/Hand.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Post-op Occupational Therapy Left Wrist/Forearm. CA MTUS Post-Surgical Rehabilitation guidelines cited below recommend 3-8 visits over 3-5 weeks and postsurgical physical medicine treatment period is 3 months. Patient has received an unspecified number of OT visits for this injury. The requested additional visits in addition to the previously certified OT sessions are more than recommended by the cited criteria. There was no evidence of ongoing significant progressive functional improvement from the previous occupational visits that is documented in the records provided. In addition as per cited guidelines "frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals...Patient education regarding postsurgical precautions, home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits." Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The patient's surgical history includes right carpal tunnel release on 11/4/14. The patient is past the post

surgical physical medicine treatment period. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy like NSAIDS, in conjunction with rehabilitation efforts was not provided in the medical records submitted. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program for the bilateral wrists is not specified in the records provided. The medical necessity of the request for Post-op Occupational Therapy Left Wrist/Forearm is not fully established in this patient. The request is not medically necessary.