

Case Number:	CM15-0078411		
Date Assigned:	04/29/2015	Date of Injury:	10/15/2007
Decision Date:	05/26/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/23/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 47 year old female sustained an industrial injury to the neck and upper extremity on 10/15/07. Previous treatment included magnetic resonance imaging, electromyography, right carpal tunnel release, physical therapy and medications. A 12/19/14 progress note indicates that she is only working 3 hours/day 2-3 days/week but would like to work in the kitchen cooking 2 days a week and as a server 3 days a week. In a PR-2 dated 3/4/15, the injured worker complained of continued wrist pain rated 4/10 on the visual analog scale with medications and 7/10 without medications. The injured worker was working 40 hours per week with modifications. Electromyography (11/25/14) showed moderate bilateral carpal tunnel syndrome. Current diagnoses included carpal tunnel syndrome, disturbance of skin sensation, other affections of shoulder, lateral epicondylitis of elbow, dysthymic disorder, myalgia and myositis, cervicalgia, brachial neuritis and cervical spine degenerative disc disease. The treatment plan included acupuncture and medications (Lyrica, Senna, Norco, Effexor XR, Naproxen Sodium and Omeprazole). A 2/6/15 urine toxicology screen is consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna 8.6 mg./50 mg #120: 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), pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77.

Decision rationale: Senna 8.6 mg/50 mg #120 is medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that prophylactic treatment of constipation should be initiated with opioid therapy. The request for Norco was deemed medically necessary therefore this request for Senna is medically necessary.

Norco 10/325 mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78-80, 91,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 10/325 mg #120 is medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has progressed from working 3 hours/day 2-3 days per week to full time (40 hours/week). The documentation indicates that she has a recent consistent urine toxicology screen and that pain meds reduced her pain from 7/10 to 4/10. The request for Norco is appropriate and medically necessary given the evidence of improved function at work.