

Case Number:	CM15-0092471		
Date Assigned:	05/18/2015	Date of Injury:	01/11/2014
Decision Date:	06/23/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/13/2015

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:

This is a 57 year old female patient, who sustained an industrial injury on 1/11/14. She has reported initial complaints of bilateral wrist injury with pain and numbness after packing 50 pound boxes of carrots. The diagnoses have included left wrist sprain/strain, bilateral carpal tunnel syndrome, status post right carpal tunnel release, tenosynovitis of the left wrist and bilateral hand pain. Per the doctor's note dated 4/9/15, she had pain at incision. The physical examination revealed minimal edema at incision site and positive Phalen's test on the left. Per the physician progress note dated 4/3/15, she had complains of pain at 8/10 on pain scale with significant pain and discomfort over the volar aspect of the right hand and wrist. The physical exam of the bilateral wrists revealed large scar present from previous carpal tunnel release, normal active range of motion of the bilateral wrists, positive Tinel's and Phalen's sign bilaterally with both eliciting neuropathic type pain over the median nerve distribution. The current medications included Norco and Ibuprofen. She has undergone right carpal tunnel release. She has had the diagnostic testing including X-rays of the bilateral wrists/hands and electromyography (EMG)/nerve conduction velocity studies (NCV) of the bilateral upper extremities on 5/21/14 which revealed bilateral carpal tunnel syndrome. She has had physical therapy, activity modifications and home exercise program (HEP). There was no previous urine drug test noted. The physician requested treatments included Follow up Consultation for Surgical Clearance as outpatient, Norco 10/325 Quantity of 30, and Ibuprofen 800 Mg Quantity of 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Follow Up Consultation For Surgical Clearance as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Merck Manual preoperative evaluations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Request: 1 Follow Up Consultation for Surgical Clearance as outpatient. MTUS guidelines. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127. Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per the recent note dated 4/9/15, physical examination revealed positive Phalen's test on the left. Request is for surgical clearance for left wrist surgery. Evidence of authorization of left wrist carpal tunnel release surgery is not specified in the records provided. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. The medical necessity of 1 Follow up Consultation for Surgical Clearance as outpatient is not fully established for this patient at this juncture. Therefore the request is not medically necessary.

2 Norco 10/325 Qd; Quantity: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-80.

Decision rationale: Request- 2 Norco 10/325 Qd; Quantity: 30. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "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 that patient has set goals regarding the use of opioid analgesic. The 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 overall situation with regard to nonopioid 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 objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines 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. Response to antidepressant, anticonvulsant or lower potency opioid for

chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of 2 Norco 10/325 Qd; Quantity: 30 is not established for this patient. Therefore the request is not medically necessary.

Ibuprofen 800 Mg Quantity:90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22; NSAIDs page 67.

Decision rationale: Request- Ibuprofen 800 Mg Quantity:90. Ibuprofen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the submitted medical records, patient had bilateral wrist/hand pain. Patient is having objective findings on physical examination including pain and swelling. Patient has undergone right carpal tunnel surgery. NSAIDs are considered first line treatment for pain and inflammation. The request for Ibuprofen 800 Mg Quantity: 90 is medically appropriate and necessary for this patient to use as prn to manage his chronic pain.