

Case Number:	CM15-0095111		
Date Assigned:	05/21/2015	Date of Injury:	01/03/2000
Decision Date:	06/24/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/18/2015

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 68 year old female who sustained an industrial injury on 01/03/2000. Current diagnosis includes left carpal tunnel syndrome. Previous treatments included medication management, therapy, right carpal tunnel release in 2000, spine surgery in 2002, and right shoulder surgery in 2012. Previous diagnostic studies include nerve conduction study. Report dated 03/18/2015 noted that the injured worker presented with complaints that included left wrist pain and numbness in the fingers. Pain level was not included. Physical examination was positive for Tinel sign and Phalen sign, pain with thumb CMC grind, and diminished sensation along the median nerve distribution. The treatment plan included a recommendation for left carpal tunnel release surgery. Disputed treatments include CMPD-hydrocodo/lactose P.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD- Hydrocodo/ Lactose, quantity: 120: Upheld

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

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: 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. Also, this is an odd compounded combination of Lactose and an opiate. There is no logical clinical linkage of these two medicines, and why they would be compounded together to this reviewer. The request for the usage is not medically necessary per MTUS guideline review.