

<b>Case Number:</b>	CM15-0097341		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	08/28/2013
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: California

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

### 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 60 year old female who sustained an industrial injury on 08/28/2013. Current diagnosis includes carpal tunnel syndrome both hands. Previous treatments included medication management, cortisone injections, and splints. Initial injuries included numbness in both hands which was associated with repetitive motions. Report dated 05/06/2015 noted that the injured worker presented with complaints that included bilateral hand pain and numbness. It was noted that the injured worker was approved for carpal tunnel release of the left hand, which is scheduled for 06/12/2015. Pain level was not included. Physical examination was positive for Tinel over the median nerve with electrical shocks, positive Katz diagram, she cannot touch the top of her head with the left, and bilateral shoulder-hand pathology. The treatment plan included wearing night splints, and request for hydrocodone for post-operative pain, and pre-op. Disputed treatments include hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Narc Hydrocodone (unspecified strength, dosage, qty): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-286.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-8.

**Decision rationale:** Regarding the request for hydrocodone, California MTUS cites that opioids should be used only if needed for severe pain and only for a short time. Within the medical information available for review, it appears that the request is for pre-op and post-op use for carpal tunnel release. While a short course of opioids would be appropriate following surgery, there is no clear rationale presented for pre-op use. Furthermore, an open-ended request for an unspecified quantity of medication is not supported and, unfortunately, there is no provision for modification of the current request to allow for an appropriate amount of post-operative medication as was recommended by the utilization reviewer, who recommended #30. In light of the above issues, the currently requested hydrocodone is not medically necessary.