

Case Number:	CM13-0007028		
Date Assigned:	12/27/2013	Date of Injury:	07/24/2003
Decision Date:	03/12/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57 YO female with date of injury 03/93 to 04/07/03. The listed diagnoses per [REDACTED] dated 05/09/13 are: 1. Carpal tunnel syndrome 2. Neck sprain According to progress report dated 04/29/13 by [REDACTED], patient presents with right shoulder pain, bilateral hand pain, neck pain. Patient also reports numbness and tingling in the bilateral hands. The patient presents with radiating pain and weakness in the upper extremities. Objective findings show range of motion for the cervical spine 30/30, left shoulder 170/170, right shoulder flexion 100°, and abduction 90°. The right shoulder was possibly a frozen shoulder. The handwritten progress reports were illegible. The request under dispute is for retrospective pharmacy purchase of Carpap 100mg #60x2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Pharmacy Purchase of Carpap 100mg #60 x 2, DOS 6/25/09: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation LC4610.5(2)

Decision rationale: This patient presents with right shoulder pain, bilateral hand pain, neck pain. The treater is requesting Carpap 100mg. I was not able to locate a reference in MTUS, ACOEM and ODG-TWC guidelines for "Carpap," and search of the internet does not help. The utilization review letter from 7/18/13 denied the request for Carpap stating that there was no evidence of benefit, or even use of the medication. What is odd is that the UR letter references the request to 6/25/09, retrospectively. Therefore, it would appear that the current request address a dispute from 6/25/09, at which time the patient apparently requested "Carpap 100mg #60." What is interesting to note is that the patient was on Darvocet 100mg #60 at the time. I am not sure whether or not we are referring to the same medication. Review of the reports from 2013 including 3/23/13 and 4/29/13 report shows that the patient is on Voltaren XR 100mg #60, T#3 and Flexeril. The phrase "Carpap" is nowhere to be found. Since I am unable to tell what "carpap" is and there are no reports from 2009 to determine what was exactly prescribed, I am unable to recommend authorization. There are no reports discussing this medication. There are no notes with any efficacy from the use of this medication. Recommendation is for denial.