

Case Number:	CM13-0016768		
Date Assigned:	11/06/2013	Date of Injury:	07/26/2007
Decision Date:	01/07/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/26/2013

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 Occupational Medicine 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.

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 applicant is represented by [REDACTED] and is an employee who has filed a claim for chronic pain syndrome and chronic wrist pain reportedly associated with an industrial injury of July 26, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; attorney representation; multiple prior right wrist surgeries, including initial ORIF surgery of radial fracture and subsequent radial carpal fusion surgery; transfer of care to and from various providers in various specialties; and extensive periods of time off of work, on total temporary disability. In a utilization review report of August 21, 2013, the claims administrator certified request for Percocet while non-certifying BuTrans, Valium, and Lyrica. The applicant's attorney later appealed on August 26, 2013. An earlier note of August 1, 2013, partially legible, it is notable for ongoing complains of wrist pain. It is stated that usage of pain medications including Percocet, Lyrica and BuTrans decrease pain and allow for home exercise, and it is stated that the applicant denies any side effects. Electrodiagnostic testing and surgical consultations are sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 10mcg #4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: The Physician Reviewer's decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and/or reduced pain affected through ongoing opioid usage. The employee does not appear to have returned to work, there is report of improved function, diminished pain, and successful participation in home exercise effected through ongoing opioid usage. The request for Butrans patch 10mcg, quantity 4, is medically necessary and appropriate.

Valium# 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The Physician Reviewer's decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Valium are not endorsed for long-term use purposes whether for anticonvulsant effect, hypnotic effect, sedative effect, or muscle relaxant effect. In this case, the documentation on file is sparse, not entirely legible, and does not make a compelling case for usage of Valium so as to try and offset the unfavorable MTUS recommendation. The request for Valium, quantity 16, is not medically necessary and appropriate.

Lyrica 75mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

Decision rationale: The Physician Reviewer's decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines suggests that Lyrica is FDA approved in the treatment of diabetic neuropathic pain, postherpetic neuralgia, and fibromyalgia. It is further noted that page 3 of the MTUS Chronic Pain Medical Treatment Guidelines, suggest that all chronic pain conditions may have some central or neuropathic component. In this case, the employee has been given various diagnoses status post wrist surgeries, including wrist enthesopathy, and wrist pain/posttraumatic pain/chronic wrist syndrome/pain associated with hardware. The attending provider has suggested that the employee has derived appropriate analgesia and improved performance of daily activities through ongoing Lyrica usage. Thus, on balance, there is evidence of functional improvement as defined in MTUS 9792.20f which would justify continuation of the same. The request for Lyciria 75mg, quantity 120, is medically necessary and appropriate.