

Case Number:	CM13-0024518		
Date Assigned:	11/20/2013	Date of Injury:	01/24/2011
Decision Date:	01/27/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/16/2013

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, and is licensed to practice in Oklahoma and Texas. 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 32-year-old female who reported an injury on 01/24/2011. The most recent note submitted for review was an office note from 02/27/2013. Physical exam revealed evidence of 2 well-healed postoperative portal scars measuring 0.5 cm each over the dorsum of the right wrist, slight atrophy of the thenar eminence, tenderness to palpation over the area of the triangular fibrocartilage complex, as well as over the dorsum of the right wrist and wrist extensor muscle bellies and tendons, positive Tinel's sign, positive Phalen's sign, negative Finkelstein's test, range of motion of the right wrist was noted as flexion 55 degrees, extension 55 degrees, radial deviation 18 degrees, and ulnar deviation 25 degrees. Her neurological exam noted slight hyperesthesia to pinprick and light touch in the area of the median nerve distribution on the right side, as well as slight atrophy and additionally, the motor exam showed slight atrophy of the thenar eminence and decreased right upper extremity grip strength relative to the uninjured upper extremity. The patient's diagnosis is noted as postoperative right wrist arthroscopy with synovectomy on 05/16/2012 with residual extensor tendinitis and clinical dynamic carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Theracodophen Low90, #120 between 4/24/13 and 4/24/13: 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 Opioids, criteria for use, Ongoing Management Page(s): 78.

Decision rationale: The Physician Reviewer's decision rationale: According to California MTUS Guidelines, ongoing management for patients who take opioid medications should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. It also notes that there should be extensive documentation of the "4 As" for ongoing monitoring which are noted as analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Guidelines state monitoring of these outcomes over time should effect therapeutic decisions and provide a framework for the documentation of the clinical use of these controlled drugs. The clinical information submitted for review failed to show the patient's current pain level and objective status. Additionally, the detailed documentation including the "4 As" for ongoing monitoring of patients on opioid medications was not provided. With the absence of this documentation, the request is not supported. Therefore, the request is non-certified.