

Case Number:	CM13-0031613		
Date Assigned:	12/20/2013	Date of Injury:	12/08/2009
Decision Date:	02/13/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/03/2013

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:

This is a male patient with a date of injury of 12/8/09. A utilization review determination dated 9/30/13 recommends non-certification of Medrox, partial certification of orphenadrine ER #20, and certification of ketoprofen and omeprazole. A progress report dated 9/11/13 identifies no subjective complaints. Objective examination findings identify left hand grip strength reduced, sensation reduced in the left first and second digits, well-healed scar over the right index finger, reduction in range of motion (ROM) in both the distal interphalangeal joint (DIP) and proximal interphalangeal joint (PIP), and deformity of the finger noted. Diagnoses include s/p left index finger laceration, s/p repair, rule out traumatic median nerve injury resulting from tendon laceration repair; mild bilateral carpal tunnel syndrome. Treatment plan recommends that the patient continue taking his medications as before: Medrox; ketoprofen; omeprazole; and orphenadrine ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox ointment twice per day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Regarding the request for Medrox, California MTUS supports topical NSAIDs for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Within the documentation available for review, there is no documentation of osteoarthritis and/or tendinitis and the request does not appear to be for short-term use. With regard to topical capsaicin, it is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." That has also not been documented. In light of the above issues, the currently requested Medrox is not medically necessary.

Orphenadrine ER 100mg 1 tablet twice per day #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for orphenadrine ER, California MTUS supports the short-term use of non-sedating muscle relaxants as a second-line option in the management of acute pain and acute exacerbations of chronic pain. This medication is a sedating muscle relaxant. Additionally, within the documentation available for review, there is documentation suggesting that the medication is being utilized for long-term treatment, and the documentation does not identify acute pain or an acute exacerbation of chronic pain. In light of the above issues, the currently requested orphenadrine ER is not medically necessary.