

Case Number:	CM13-0036872		
Date Assigned:	12/13/2013	Date of Injury:	04/22/1999
Decision Date:	02/24/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/22/2013

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 Pain Management, has a subspecialty in Disability Evaluation, 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 60 year old female with a date of injury of 4/22/99. According to the documentation submitted, the patient is currently being treated for pain in the bilateral shoulders, elbows, wrists and hands. The patient was diagnosed on 6/26/13 with overuse syndrome of bilateral upper extremities, left shoulder supraspinatus tendinitis, cubital tunnel syndrome of the right elbow, right elbow lateral epicondylitis, bilateral de Quervain's tenosynovitis, and bilateral carpal tunnel syndrome. Prior treatment consisted of long-term medication use and bilateral carpal tunnel releases.

IMR ISSUES, DECISIONS AND RATIONALES

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

200 Ultram 50mg with six refills: Upheld

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

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

Decision rationale: The current evidence-based guidelines support the use of opioids such as Ultram (Tramadol) for moderate to moderately severe pain. The guidelines specify that opioids are recommended in the lowest dose for the shortest period of time, as a second line of analgesia,

following inadequate symptom relief and restoration of function with first line analgesics (such as acetaminophen or NSAIDs). Satisfactory response to opioid treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The records provided show that the patient has been using this medication since at least February 2012, a duration greatly exceeding the guideline recommendations for short-term use. There is no evidence of significant reductions in pain or improvements in function to support the continuation of this medication. As such, the request is non-certified.

Orudis 75mg with six refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Orudis (Ketoprofen) is a non-steroidal anti-inflammatory drug (NSAID). The California Chronic Pain Medical Treatment Guidelines recommend the use of this type of medication for the treatment of mild to moderate musculoskeletal pain, as well as osteoarthritis. In consideration of the patient's continued upper extremity complaints, the lack of gastroesophageal symptoms, and the guidelines cited below, the use of Orudis appears medically appropriate. However, the request is for 90 Orudis 75mg with six refills. Package inserts for NSAIDs recommend periodic lab monitoring of a complete blood count and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4-8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. Considering the extended prospective use of this medication, the request is non-certified.