MAXIMUS Federal Services

Case Number:	CM13-0039073		
Date Assigned:	12/18/2013	Date of Injury:	09/19/2011
Decision Date:	02/10/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/02/2013

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 Orthopedic Surgery 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 66-year-old gentleman who has a date of injury of 09/19/11 while working at the [redacted]. The acceptable industrial injury claims included bilateral wrist and hand injury, with mechanism of injury being repetitive motion. Diagnosis included that of bilateral wrist strains. Previous conservative measures have included the use of braces, medications, physical therapy, as well as chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg, QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-94.

Decision rationale: Based on current California MTUS Guidelines, the use of Tramadol can be utilized to support treatment for chronic pain under certain stipulations. Those stipulations being A, if the patient has returned to work and, B, if the patient has improving function and pain. Upon review of this case, the injury in question is back in 2011 with no documentation provided

for review to demonstrate a return to work or functional improvement. As such, the request for Tramadol cannot be approved.

Naproxen 550mg, QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: Based on California MTUS Guidelines, the use of nonsteroidal antiinflammatories can be used a traditional first line of treatment to reduce pain, so activity, function, and restoration can resume. However, long-term use may not be warranted. It is unclear based on the documentation provided regarding the length of utilization of this nonsteroidal antiinflammatory medication. Again, chronic utilization cannot be warranted.

Prilosec 20mg, QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The utilization of Prilosec can be beneficial when utilized with non-steroid anti-inflammatory medication. Unfortunately, non-steroidal anti-inflammatories have been non-certified secondary to the lack of documentation regarding how long the claimant has been taking the medication, and as such, Prilosec would also be deemed non-certified.

Terocin Patches, QTY: 20.00: 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: Based on California MTUS Guidelines, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. According to the current California MTUS Guidelines, there is "little to no research to support the use of any of these agents." As such, the request cannot be deemed medically reasonable.

injection of the left trigger thumb, QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

Decision rationale: On the most recent office visit for this patient, there is evidence of a positive trigger of the left thumb. This injection was previously denied, as "not necessary" as there was no physical examination to demonstrate any subjective or objective findings of trigger thumb. There is evidence in the medical records of one clinical note on this patient's exam showing clear evidence of trigger thumb on the left side, which had increased in intensity. As such, and based on California MTUS Guidelines, the utilization of the injection for a trigger thumb is appropriate into or near the thickened area of flexor tendon sheath, and are almost "always sufficient to cure symptoms and restore function." As such, this appears to be reasonable to proceed with.