

Case Number:	CM13-0039137		
Date Assigned:	12/18/2013	Date of Injury:	07/28/2008
Decision Date:	06/11/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Texas and Oklahoma. 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 expert 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 injured worker is a 63-year-old who reported an injury on July 28, 2008 due to repetitive emotional distress. The injured worker's treatment history included multiple medications, a wrist brace, a thumb spica splint, psychological support, and left carpal tunnel release in August of 2012. The injured worker was evaluated on July 30, 2013. The physical findings included tenderness to palpation along the left ring and middle finger with trigger upon flexion. Evaluation of the shoulder revealed tenderness of the left acromioclavicular joint and left supraspinatus tendon with a positive impingement sign and 5/5 motor strength of the rotator cuff. The injured worker's diagnoses included left wrist De Quervain's tenosynovitis, left shoulder subacromial impingement syndrome, left index trigger finger, right middle trigger finger, status post left carpal tunnel release, right trigger thumb, right ring and middle finger trigger fingers. A request for Sentra AM #60 and Theratramadol 90 was made on September 17, 2013; however, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENTRA AM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKesson InterQual Guidelines and Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical Food.

Decision rationale: The California Medical Treatment Utilization Schedule does not address medical food. Official Disability Guidelines state that medical food is intended for specific dietary management of a disease or condition for which distinctive nutritional requirements based on recognized scientific principles are established by medical evaluation. The clinical documentation does not provide any nutritional deficits that would benefit from this medication. The clinical documentation does not provide any extenuating circumstances to extend treatment beyond guideline recommendations. As such, the requested Sentra AM, quantity 60 is not medically necessary or appropriate. Also, the request as it is submitted does not provide a frequency of treatment or dosage. The request for Sentra AM, sixty count is not medically necessary or appropriate.

THERATRAMADOL #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKesson InterQual Guidelines and Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical Food and Theramine.

Decision rationale: The California Medical Treatment Utilization Schedule does not address medical food. Official Disability Guidelines state that medical food is intended for specific dietary management of a disease or condition for which distinctive nutritional requirements based on recognized scientific principles are established by medical evaluation. The clinical documentation does not provide any nutritional deficits that would benefit from this medication. The clinical documentation does not provide any extenuating circumstances to extend treatment beyond guideline recommendations. Additionally, Official Disability Guidelines specifically address this medication. Official Disability Guidelines do not support the use of Theramine in the management of chronic pain. As such, the requested theratramadol 90, quantity 90 is not medically necessary or appropriate. Also, the request as it is submitted does not provide a dosage or frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. The request for Theratramadol 90, ninety count, is not medically necessary or appropriate.