

Case Number:	CM13-0044805		
Date Assigned:	12/27/2013	Date of Injury:	03/04/2010
Decision Date:	03/06/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/30/2013

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 Internal Medicine, Pulmonary Diseases 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 65-year-old female who reported an injury on 03/04/2010. The patient is diagnosed with bilateral knee derangement, left wrist sprain, left hand sprain, and left shoulder derangement. The patient was seen by [REDACTED] on 09/16/2013. The patient reported ongoing left shoulder, wrist, and elbow pain. Physical examination revealed tenderness to palpation of the right medial joint line, swelling, painful range of motion of the right hip, swelling in the left elbow, tenderness of the dorsal left wrist ligaments, swelling and tenderness of the volar left wrist, tenderness to palpation over the left knee medial joint line, positive clicking, full range of motion of the left wrist, elbows, and knees, decreased shoulder range of motion, bilateral tenderness and spasm of the L3-5 paraspinal muscles, decreased lumbar range of motion, and decreased sensation in the left upper extremity. Treatment recommendations included continuation of current medications including Anaprox DS, Prilosec, Neurontin, Norco, Norflex, Medrox cream, and Medi-Derm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg tablets.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. As per the documentation submitted, the patient does not maintain a diagnosis of osteoarthritis. Additionally, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. Furthermore, California MTUS Guidelines state there is no evidence of long term effectiveness for pain or function. Based on the clinical information received, the request is non-certified.

Norflex 100mg tablets.: 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: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. The patient continues to demonstrate spasm in the cervical and lumbar spine, despite ongoing treatment. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Medrox Cream 120 gram tube.: 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: The Physician Reviewer's decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no change in the patient's physical examination that would indicate functional improvement. Additionally, there is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Mediderm Patches.: 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: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no change in the patient's physical examination that would indicate functional improvement. Additionally, there is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.