

Case Number:	CM13-0046333		
Date Assigned:	12/27/2013	Date of Injury:	01/25/2013
Decision Date:	03/27/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/12/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 51-year-old female who reported an injury on 01/25/2013 after she opened a mold, which reportedly caused injury to her left upper extremity. The patient's treatment history included physical therapy and extensive medication usage. Previous medications included Ultracet, Anaprox, Prilosec, Flexeril, and Ambien. The patient's most recent clinical evaluation documented that the patient had restricted range of motion secondary to pain, significant pain complaints of the left wrist, hand, and thumb. The patient's diagnosis included left thumb sprain/strain, and left hand sprain/strain with a possible diagnosis of carpal tunnel syndrome. The patient's treatment plan includes electrodiagnostic studies, continuation of physical therapy, and continuation of medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Section Page(s): 78.

Decision rationale: The requested Ultracet 37.5/325 mg #120 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of opioids in the management of chronic pain be supported by a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence that the patient receives any functional benefit from the requested medication. Additionally, there is no documentation that the patient is monitored for aberrant behavior. The submitted documentation does not include a quantitative assessment of pain relief related to medication usage. Therefore, continued use of this medication would not be supported. As such, the requested Ultracet 37.5/325 mg #120 is not medically necessary or appropriate.

Naproxen 550mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Section, and NSAIDs Section Page(s): 60 and 67.

Decision rationale: The requested Naproxen 550 mg #100 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of anti-inflammatory drugs in the management of a patient's chronic pain. However, California Medical Treatment Utilization Schedule also recommends continued use of medications in the management of a patient's chronic pain be supported by documentation of pain relief and functional benefit. The clinical documentation submitted for review does not provide any evidence of a quantitative assessment to establish pain relief or documentation of functional benefit. Therefore, continued use would not be supported. As such, the requested Naproxen 550 mg #100 is not medically necessary or appropriate.

Flexeril 5mg #90: Upheld

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

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

Decision rationale: The requested Flexeril 5 mg #90 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of muscle relaxants for an extended duration of treatment. The request is for 90 tablets. This exceeds California Medical Treatment Utilization Schedule's recommendation of 4 weeks of treatment. Additionally, the clinical documentation does not provide any evidence of muscle spasming that would benefit from the use of a muscle relaxant. As such, the requested Flexeril 5 mg #90 is not medically necessary or appropriate.