

Case Number:	CM13-0054538		
Date Assigned:	12/30/2013	Date of Injury:	06/18/2012
Decision Date:	03/18/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/19/2013

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 29-year-old injured worker who reported an injury on 06/18/2012 after she pulled a heavy chair that caused injury to her neck and back. The patient's most recent clinical documentation indicated that the patient developed chronic numbness and pain in the bilateral wrists and neck. Physical findings included a negative Tinel's and Phalen's sign bilaterally with 4/5 strength and decreased sensation along the radial median and ulnar nerves of the bilateral wrists. The patient underwent an electrodiagnostic study that revealed moderate carpal tunnel syndrome findings on the left side and mild findings on the right. The patient also was evaluated on 09/05/2013 which documented that the patient had 8/10 ongoing neck and upper extremity pain. The patient's chronic pain was managed with medications to include Norco, Norflex, and Terocin patches. It was noted that the patient's medications did allow for an increased level of function. The patient's diagnoses included cervical, thoracic, lumbar sprain/strain, possible cervical and lumbar radiculopathy, and degenerative disc disease of the lumbar spine. The patient's treatment plan included continuation of medications and additional acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Terocin patch (1 box #10) (DOS: 9/5/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommends the use of menthol and methyl salicylate in the management of a patient's osteoarthritic pain. The California MTUS also recommends lidocaine in a patch form. However, continued use must be supported by documentation of pain relief and functional benefit. The clinical documentation submitted for review fails to provide a quantitative assessment of the patient's pain relief related to medication usage. Additionally, there is no documentation of specific functional benefit to support continued use. The request for retrospective request for Terocin patches is not medically necessary and appropriate.

The Retrospective Orphenadrine Citrate 100mg #60 (DOS: 9/5/13): 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 California MTUS Chronic Pain Medical Treatment Guidelines does not recommend the extended use of muscle relaxants in the management of a patient's chronic pain. The clinical documentation does indicate that the patient has been on this medication for an extended duration of time. Additionally, there is no specific documentation of a quantitative assessment of the patient's pain relief or specific documentation of functional benefit. The retrospective request for Orphenadrine citrate 100 mg #60 for date of service 09/05/2013 is not medically necessary and appropriate

The retrospective Hydrocodone/APAP 10/325mg #90 (DOS: 9/5/13): Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommends the continued use of opioids in the management of a patient's chronic pain be supported by documentation of functional benefit, manage side effects, evidence of monitoring for compliant behavior, and a quantitative assessment of pain relief. The clinical documentation fails to provide specific evidence of functional benefit. Additionally, there is no quantitative assessment of pain relief related to medication usage. Also, the clinical documentation does not provide any evidence that the patient is monitored for aberrant behavior. The retrospective request for hydrocodone/APAP 10/325 mg #90 for date of service 09/05/2013 is not medically necessary and appropriate.