

Case Number:	CM13-0055716		
Date Assigned:	12/30/2013	Date of Injury:	02/24/2010
Decision Date:	03/21/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/21/2013

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 Physical Medicine & Rehabilitation has a subspecialty in Pain Medicine 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 was injured on 02/24/2010. Prior treatment history includes physical therapy, medication therapy and surgical intervention including carpal tunnel release on 07/14/2013. Medical records dated 10/08/2013 is overall illegible, however, the information that can be read states the patient has complaints of pain and weakness of right wrist and right elbow, she presents for refill of medication (unknown which medications or dosage). The medical records dated 09/10/2013 do not have any subjective complaints or objective findings. Examination on 06/06/2013 reported continued numbness, tingling and pain to the right wrist and she was taking Norco, Prilosec and Fexmid.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective request for Omeprazole 20mg #30 (DOS 10/8/13): 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.

Decision rationale: The CA MTUS recommend this medication for patients at intermediate risk for gastrointestinal events and no cardiovascular disease. Throughout the documentation

provided, there was no information on why the patient would need this type of medication for the work related injury. Therefore, the request is non-certified.

retrospective request for Hydrocodone Bit/A cet 10/325mg #120 (DOS 10/8/13): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91. Decision based on Non-MTUS Citation Essentials of Pain Medicine and Regional Anesthesia, 2nd Edition, 2005. Chapter 12: Minor and Short Acting Opioids, pages 106-112.

Decision rationale: There are very limited records that document the patients' current medications she is taking and/or the need for ongoing pain medication following her CTR in July 2013. Hydrocodone, according to the CA MTUS is indicated for moderate to moderately severe pain and should be used with documentation of positive effects. Neither of these indications is documented throughout the records reviewed.

retrospective request for Cyclobenzaprine HCL 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Page(s): 151.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41..

Decision rationale: The use of cyclobenzaprine is recommended as an option, using a short course of therapy. The guides state that the treatment should be brief as the effect is greatest in the first 4 days of treatment. There is no documentation as to how long the patient has already been on this medication. As its efficacy diminishes over time, there would be no reason for the requested medication. Additionally, there is no documentation of muscle spasms or other indication for the use of cyclobenzaprine for the current condition. Therefore, the request is non-certified.