

Case Number:	CM13-0062339		
Date Assigned:	12/30/2013	Date of Injury:	04/23/2012
Decision Date:	07/08/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	12/06/2013

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 Occupational 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 is a 51 year old male who was injured on 04/23/2012 while pulling and adjusting fencing when he felt a snap in his right elbow. Prior treatment history has included medication therapy (Norflex, Lyrica, and Ultram) and he subsequently developed gastropathy due to the ingestion of NSAIDs. He underwent elbow arthroscopy October 8, 2013. Diagnostic studies or urinalysis were not submitted for review. Orthopedic evaluation report dated 08/15/2013 documented the patient to have complaints of right elbow pain with locking and catching. The pain radiates to the forearm. He complains of numbness and tingling in his right hand. He was documented to be taking an anti-inflammatory medication (name not provided). Progress report dated 10/17/2013 (initial postoperative examination of his right elbow) states the patient is doing well and only has post surgical pain. He is taking medications for the pain and has not started physical therapy yet. On a scale from 1-10, 10 being the worst, he states his pain level is at 5. Objective findings on exam include he has stiffness, swelling, weakness, and limited range of motion in the right elbow. X-rays taken of the left elbow and left forearm show the incision healing well.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINALYSIS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, STEPS TO AVOID MISUSE Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: According to the California MTUS guidelines, a urine drug test is recommended as an option to assess for the use or presence of illegal drugs, prior to starting a therapeutic trial of opioids and for on-going management of opioids. On the most recent PR provided (10/17/2013), it states the employee is taking pain medication; however there is no documentation provided to show what type of medication he is taking (ie opioid, NSAIDs, etc). There is also no documentation that an opioid trial is to be started. However, the employee has a history of gastritis from NSAIDS. Monitoring renal function is clinically appropriate. The request is medically necessary.

BIO THERM 120MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the California MTUS guidelines, topical analgesics are recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. They are considered largely experimental and there are few trials to determine their efficacy or safety. On the initial post-operative evaluation, it states the employee is doing well and only has post surgical pain. Physical examination described weakness, stiffness, swelling and limited range of motion. There is no indication the employee has neuropathic pain. The request for Biotherm is not medically necessary based on the guidelines.

THERAFLEX 180MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the California MTUS guidelines, topical analgesics are recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. They are considered largely experimental and there are few trials to determine their efficacy or safety. On the initial post-operative evaluation, it states the employee is doing well and only has post surgical pain. Physical examination described weakness, stiffness, swelling and limited range of motion. There is no indication the employee has neuropathic pain. The request for Theraflex is not medically necessary based on the guidelines.

DYOTIN SR 200MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-18.

Decision rationale: Dyotin SR (gabapentin), according to the California MTUS guidelines, is recommended for neuropathic pain. The guidelines indicate there is limited evidence to show that this medication is effective for postoperative pain. As stated on the 10/17/2013 office visit, the employee complained of only post-surgical pain. There are no documented findings of neuropathic pain. Therefore the request is not medically necessary.