

Case Number:	CM13-0068815		
Date Assigned:	01/03/2014	Date of Injury:	06/05/2013
Decision Date:	08/07/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in North Carolina. 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 expert 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 38-year-old with a reported date of injury of June 5, 2013 when he rear ended while driving with his left arm out of the window and subsequently striking his left elbow on the windowsill. The patient has the diagnoses of left hand radial neuropathy and left lateral epicondylitis. Treatment modalities have included hand therapy, single cortisone injection, splinting, ice, rest, and medication. The most recent progress notes provided by the primary treating physician dated November 11, 2013 indicates the patient has ongoing elbow pain. Physical exam showed tenderness to palpation along the left lateral epicondyle with pain with resisted wrist extension and concomitant tenderness over the radial tunnel. Previous MRI showed a tear in the common extensor tendon measuring 6mm by 3mm. Treatment plan was a recommendation for surgical intervention. A utilization review dated November 22, 2013 failed to certify the requested surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 mg, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. The request is for post-operative use of the opioid medication, however the surgery itself has not been approved. The request for Percocet 5/325 mg, thirty count, is not medically necessary or appropriate.

Relafen 750 mg, sixty count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines addresses the use of NSAID for osteoarthritis and chronic back pain and neuropathic pain. There is inconsistent evidence for the use of these medications to treat longterm neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The requested medication has the indication for osteoarthritis only. The request is also made for post-operative use, however the operation has not been certified. The request for Relafen 750 mg, sixty count, is not medically necessary or appropriate.