

Case Number:	CM13-0069901		
Date Assigned:	12/26/2013	Date of Injury:	04/26/2012
Decision Date:	01/24/2014	UR Denial Date:	12/04/2013
Priority:	Expedited	Application Received:	12/24/2013

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 and Rehabilitation 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:

This 41 year-old female sustained a cumulative trauma injury to the upper extremities on 4/26/12 while working as [REDACTED]. Per report dated 10/10/13 from [REDACTED], the patient complained of continued pain in the elbows, rated at 5-8/10 with her activities of daily living. The exam noted tenderness along the medial and lateral epicondyle with positive Cozen's test, and full range of motion. Another report dated 11/21/13 again documented continued increased right elbow pain with activities with positive tenderness, Cozen's, Finkelstein's tests at the wrists and functional range. Diagnoses included de Quervain's right medial, Cubital tunnel syndrome, Lateral epicondylitis, and Carpal tunnel syndrome. Requests for urgent Voltaren XR 100 mg, Fexmid 7.5 mg and Colace 100 mg were non-certified by reviewer, Dr. Pemmaraju on 12/3/12, citing Guidelines and medical necessity for the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, page 64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines (2009), Muscle Relaxants, page 64.

Decision rationale: Per MTUS Chronic Pain Guidelines on muscle relaxant, Fexmid is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Submitted reports of 10/10/13 and 11/21/13 from ██████████ noted continued pain in the elbows, rated at 5-8/10 with unchanged exam finding of tenderness along the medial and lateral epicondyle with positive Cozen's test, and full range of motion for this cumulative trauma to the upper extremity on 4/26/12. Due to the unchanged objective findings without demonstrated evidence of acute muscle spasm, the indication and necessity for continued use of muscle relaxant, Fexmid has not been adequately addressed to warrant continued treatment regimen. MTUS Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of April 2012. The URGENT Fexmid 7.5 mg #60 is not medically necessary and appropriate.

URGENT Colace 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77,88.

Decision rationale: Docusate Sodium (Colace) is a medication that is often provided for constipation, a common side effect with opioid medications. The patient continues under the care of ██████████ for this cumulative trauma injury to the upper extremity on 4/26/12. Reports of 10/10/13 and 11/21/13 have no notation regarding any subjective constipation complaints or clinical findings related to GI side effects. Although chronic opioid use is not supported, Docusate Sodium (Colace) a medication that is often provided for constipation, a common side effect with opioid medications may be provided for short-term relief as long-term opioid use is supported; however, submitted documents have not adequately addressed or demonstrated the indication of necessity for Colace. The URGENT Colace 100mg #60 is not medically necessary and appropriate.

URGENT Voltaren XR 100mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines (2009), NSAIDs, page 22, and page 69.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of Voltaren's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue Voltaren for an injury of April 2012 nor have they demonstrated any functional efficacy derived from treatment already rendered. The URGENT Voltaren XR 100mg #30 is not medically necessary and appropriate.