

Case Number:	CM13-0072460		
Date Assigned:	01/03/2014	Date of Injury:	09/17/2008
Decision Date:	06/09/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/31/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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 36-year-old female with date of injury 09/17/2008. According to the treating physician's report, 11/08/2013, the patient presents with right wrist pain at 7/10 to 8/10, patient has weakness with incidence of dropping items, avoids of heavy lifting, and does minimal chores. Listed diagnoses are possible radial neuropathy of the right hand causing paresthesia and dysesthesia on the dorsum of the hand versus carpal tunnel syndrome versus chronic regional pain syndrome. Medication received were Ultram, Diclofenac, Remeron, Neurontin, Protonix. This report indicates "these medications are for the purpose of managing her symptoms and allowing her to be more functional". A 08/15/2013 report by [REDACTED] notes that the patient has a right constant wrist pain at 6/10 with a list of medications that are similar to the previous report, but this report includes Dendracin cream as well. A 06/28/2013 report by [REDACTED] has patient's wrist pain at 7/10, exercising, with very similar subjective complaints compared to other reports. Listed medications are the same. A 05/17/2013 report notes the patient has wrist pain at 7/10. Pain increases with weather changes and other documentations are similar other than patient having continued to experience sleep problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM 50 MG (#60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94 & 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 60-61, 88-89.

Decision rationale: MTUS Guidelines requires specific documentations when opiates are use on a chronic basis. Ultram is a synthetic opiate. Documentations of 4 As including analgesia, ADLs, adverse effects, adverse drug seeking behavior must be documented. Outcome measures including pain level, average pain, least amount of pain, time it takes for medication to work, et cetera must be documented. Also require documentation of pain and function for medication used for chronic pain. In this case, despite review of t reports from 2013 by the treating physician, none of the reports discuss whether or not Ultram has been helpful. There are no pain scales. No functional measures indicating effect of the Ultram. For example, there are no discussions that Ultram has helped improve this patient's functional level when it compared to baseline. Furthermore, there is no discussion regarding outcome measures. The request for Ultram 50 mg, # 60 is not medically necessary and appropriate.

DICLOFENAC 100MG (# 30) FOR ANTI INFLAMMATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Imflamatory Drugs) Page(s): 67-73.

Decision rationale: The MTUS Guidelines does provide support for NSAIDs for chronic musculoskeletal pain at least for short term duration, in this patient, none of the reports reviewed discussed medication efficacy. There is no mention of whether or not Diclofenac has made any difference in this patient's pain and functional. MTUS Guidelines require documentation of pain and function when medication is used for chronic pain. The request for Diclofenac 100 mg # 30 for anti inflammation is not medically necessary and appropraite.

PROTONIX 20 MG (#60) TO TREAT STOMACH UPSET, FROM TAKING MEDICATIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 69.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines do not support routine prophylactic use of PPIs with concurrent NSAIDS without documentation of GI risk assessment. This GI assessment risks include age, prior history of peptic ulcer or GI events, or concurrent use of aspirin or high doses of NSAIDS. This patient also does not present with any gastric side

effects, GERD, or peptic ulcer disease that would require use of Protonix. Therefore the request for Protonix 20 mg # 60 is not medically necessary and appropriate.

FLEXERIL 7.5 MG (#60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 61.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63.

Decision rationale: MTUS Guidelines do not allow use of Flexeril or cyclobenzaprine, a muscle relaxant on a long-term basis. If it is to be used, use should be limited to 2 to 3 days and no more than 2 to 3 weeks. The treating physician does not provide discussion whether or not this medication is to be used for short-term basis or long-term basis and for what condition. There is no documentation of muscle spasms or flareups. All of the reports have the patient at moderate to severe pain ranging from 6/10 to 7/10 intensity. Therefore, the request for Flexeril 7.5 mg # 60 is not medically necessary and appropriate.