

Case Number:	CM14-0011135		
Date Assigned:	02/21/2014	Date of Injury:	11/29/2008
Decision Date:	06/12/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/28/2014

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 Occupational Medicine, Emergency 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 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 claimant injured his left thumb 11/29/08. He saw [REDACTED] on a 07/10/13. He reported taking Serratio for the pain and it really worked for him. He had not been seen in more than two years. The claimant recently had returned and was having pain at the base of the thumb. Only acupuncture and Serratio had helped. He had done physical therapy and tried numerous splints which interfered with his ability to work and did not provide pain relief. Oral anti-inflammatory medications did not control the pain adequately. He had cortisone injections on more than one occasion with very short relief. He had tenderness of the base of the thumb metacarpal but no instability and there was slightly weak grip strength due to pain at the carpometacarpal (CMC) joint. He had a diagnosis of localized primary CMC osteoarthritis. Additional acupuncture was recommended along with Serratio. He continued acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

SERRATIO 120K #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pubmed Online.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.pharmaceutical-drug-manufacturers.com website

Decision rationale: The history and documentation do not objectively support the request for Serration 120K, #180. The CA MTUS and Official Disability Guidelines (ODG) Formulary do not support its use. The website www.pharmaceutical-drug-manufacturers.com identify this agent as Serratiopeptidase and state "it has been found to be an excellent alternative to salicylates (aspirin), ibuprofen, and the more potent non-steroidal anti-inflammatory drugs (NSAIDs). Unlike these medications, SerraEzyme is a naturally occurring enzyme and that does not irritate the digestive system." In this case, the claimant is also receiving acupuncture which has been continued despite the claimant's report of benefit from Serratio. Additionally, MTUS and ODG state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days. A record of pain and function with the medication should be recorded. The medical documentation provided does not establish the need for long-term/chronic usage of Serratio along with acupuncture as it is not clear whether he is benefiting from this agent or the acupuncture. Additionally, the medical records provided do not provide objective findings of ongoing inflammation, including swelling, erythema, and other findings. In this case, the claimant's history of trials of other first line medications, including acetaminophen and other anti-inflammatories and the response to them, or lack thereof, is only briefly addressed. As such, this request for Serratio 120K #180 is not medically necessary.