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| Case Number: | CM14-0013012 | | |
| Date Assigned: | 02/24/2014 | Date of Injury: | 09/15/2010 |
| Decision Date: | 06/26/2014 | UR Denial Date: | 01/23/2014 |
| Priority: | Standard | Application Received: | 01/31/2014 |

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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 injured worker is a 30 year old is a female who sustained an injury in September 2010. The mechanism of injury is not specified. There are ongoing complaints of right shoulder and right upper extremity pain and numerous medications are being employed. Multiple chiropractic interventions are noted. A number of records are presented which do not outline the specifics relative to this injured employee. The most recent progress notes reviewed indicate complaints of head pain, shoulder pain, elbow pain, and wrist pain. Difficulties with sleep are noted. There is tenderness to palpation noted. The diagnosis is noted as a shoulder sprain, carpal tunnel syndrome and anxiety disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RX TRAMADOL: 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 Page(s): 80.

Decision rationale: When noting the date of injury, the injury sustained, the unremitting complaints, and the complete lack of efficacy with any intervention, there is no clinical

indication for the long-term use of a semisynthetic opioid preparation in this case. As outlined in the MTUS Chronic Pain Guidelines, the recommendations for long-term use have to demonstrate some efficacy. Based on the medical records provided for review, the pain complaints are unchanged and no noted efficacy is reported. As such, there is insufficient clinical information presented to support this request. The request is not medically necessary and appropriate.

RX FLURBIPROFEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are "largely experimental" and "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS Chronic Pain Guidelines note there is little evidence to support the use of topical NSAIDs (Flurbiprofen) for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support the use for neuropathic pain. Additionally, the MTUS Chronic Pain Guidelines state there is no evidence to support the use of topical Cyclobenzaprine (a muscle relaxant). The request is not medically necessary and appropriate.

PERIODIC UA TOXICOLOGICAL EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: When noting that there is no clinical indication for either the semisynthetic narcotic or the topical muscle relaxant, the only medications that would be appropriate are over-the-counter preparations as such. MTUS Chronic Pain Guidelines state that urine screens should be performed for injured workers who are prescribed controlled substances. There is no clinical indication for routine drug screening. Therefore, the request is not medically necessary and appropriate.