MAXIMUS Federal Services

Case Number:	CM14-0016013		
Date Assigned:	06/04/2014	Date of Injury:	01/28/2013
Decision Date:	07/11/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/07/2014

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 Physical Medicine & 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 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 31 year old male who reported an injury on 03/03/2012 to the left wrist while lifting a 50 pound bag of dog food. The injured worker had a history of increased left wrist pain and discomfort with difficulty sleeping due to pain which worsens with a pain level of 7 1/2/10. The pain is moderate to severe, frequent, with weakness, aches, and soreness. Examination of the left wrist on 05/21/2014 appeared to show the injured worker had mild to moderate swelling, tenderness to palpation, negative Tinels, and a positive Finkelstein's. The injured worker had a diagnoses of left De Quervain's. Medications were not documented. The treatment plan included follow up for progress, and medical review pending response for left De Quervain release, deposition 06/09/2014. The request for authorization was dated 04/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX D 550MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: The request for Anaprox D 550 mg #60 is non-certified. The injured worker had a history of wrist pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that NSAIDS be used at the lowest dose for the shortest period in patients with

moderate to severe pain. There is a lack of documentation regarding the frequency used, duration of use, and any side effects. These is no mention of how long the injured worker had been on the medication. There is a lack of documentation regarding the efficacy of the medication to determine the necessity of continued use. As such, the request is non-certified.

VICODIN 5/500MG #60: 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, criteria for use Page(s): 76-80.

Decision rationale: The request for Vicodin 5/500mg #60 is non-certified. The injured worker had a history of left wrist pain. The California Medical Treatment Utilization Schedule (MTUS) state for opioid management, there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines state that the pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also state that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The medical records provided indicate a urine drug screen performed 03/31/2014 was consistent with the injured worker's medications. There is a lack of documentation regarding significant pain relief, functional improvements, and side effects to determine the necessity of continued use. Given the above, the ongoing use of Vicodin is not supported by the guidelines. As such, the request is non-certified.