

Case Number:	CM14-0017608		
Date Assigned:	04/16/2014	Date of Injury:	06/09/1992
Decision Date:	06/03/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/12/2014

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 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 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 54 year old female who reported an injury on 06/09/1992. The mechanism of injury was "rammed by client." Clinical note dated 01/21/2014 reports numbness and pain to hands, with right wrist tenderness, bilateral hand grip weakness, bilateral wrist having pain at 10 degrees, and bilateral hand positive Phalens test. The treatment includes Vicodin 5/500MG twice daily, Flexeril 10MG a day, and Pennsaid Drops 1.5%. The patient has been taking Flexeril since at least the note dated 07/09/2013. The diagnosis is carpal tunnel syndrome with release and overuse syndrome, and left elbow tendinitis. The request for authorization form was not included with this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/500MG TWICE A DAY QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS CRITERIA FOR USE Page(s): 76-78.

Decision rationale: The request for Vicodin 5/500MG twice a day with a quantity of 60 is not medically necessary. Per California MTUS guidelines, there must be ongoing documentation of

pain relief, functional status, appropriate medication use, and side effects. There was an absence of an adequate pain documentation, and it should include current pain, least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There is also no documentation of a current or ongoing drug screening. Therefore, the request is not medically necessary.

FLEXERIL 10 MG A DAY QTY: 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzprine (Flexeril) Page(s): 41.

Decision rationale: The request for Flexeril 10MG a day QTY 30 is not medically necessary. According to California MTUS guidelines Flexeril is a recommended option using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The documentation suggest that the patient is currently of flexeril, but it does not address the length of time the patient was on the medication%. The patient has been taking Flexeril since at least the note dated 07/09/2013. The request for Flexeril 10MG a day with a quantity of 30 exceeds the recommendations of the guidelines. Therefore, the request is not medically necessary.

PENNSAID DROPS 1.5% 2 DROPS AS DIRECTED QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation DRUGS.COM/PENNSAID

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

Decision rationale: The request for Pennsaid Drops 1.5% 2 Drops Quantity 1 is not medically necessary. Diclofenac is the equivalent to Pennsaid drops. Stated in California MTUS guidelines Diclofenac is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment. There is insufficient documentation that would suggest osteoarthritis pain. Therefore, the request is not medically necessary.