

Case Number:	CM14-0117572		
Date Assigned:	08/04/2014	Date of Injury:	01/27/2013
Decision Date:	09/10/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/24/2014

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 Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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 44-year-old male who reported an injury on 01/27/2013. He was doing food preparation and felt a shock through his fingers and hands. On 02/14/2014, the injured worker presented with pain in the right hand. This note is handwritten and largely illegible. The diagnosis was bilateral wrist/hand pain. Prior treatments included acupuncture, chiropractic treatment, physiotherapy, and topical creams. The provider recommended Norflex, Tramadol, Theramine, and Sentra. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The request for Norflex 100 mg with a quantity of 60 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations. They show no

benefit beyond NSAIDs in pain relief and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The provider's request for Norflex 100 mg with a quantity of 60 exceeds the guideline recommendation of short-term treatment. Additionally, the provider's request did not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Tramadol 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for tramadol 150 mg with a quantity of 60 is not medically necessary. The California MTUS recommend use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risks for aberrant drug abuse behavior, and side effects. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Theramine (medical food) #90 2 bottles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Medical Food.

Decision rationale: The request for Theramine (medical food) #90 two bottles is not medically necessary. The Official Disability Guidelines state medical food is recommended when it is formulated to be consumed enterally under the supervision of a physician and intended for specific dietary management of a disease or condition for which distinctive initial requirements are required. The product must be a food for oral or tube feeding. There is a lack of evidence that the injured worker is specifically recommended for dietary management of a disease or condition for which nutritional requirements are required. Additionally, the product must be for food or oral tube feeding. The provider's request does not include a rationale to medical food. As such, the request is not medically necessary.

Sentra PM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Medical Food.

Decision rationale: The request for Sentra PM is not medically necessary. The Official Disability Guidelines state medical food is recommended when it is formulated to be consumed enterally under the supervision of a physician and intended for specific dietary management of a disease or condition for which distinctive initial requirements are required. The product must be a food for oral or tube feeding. There is a lack of evidence that the injured worker is specifically recommended for dietary management of a disease or condition for which nutritional requirements are required. Additionally, the product must be for food or oral tube feeding. The provider's request does not include a rationale to medical food. As such, the request is not medically necessary.