

Case Number:	CM14-0129916		
Date Assigned:	08/18/2014	Date of Injury:	09/01/2012
Decision Date:	09/16/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/13/2014

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 9/1/12. A utilization review determination dated 7/14/14 recommends non-certification of left wrist MRI, Tramadol ER, and Methyl Salicylate 15%. There is a history of left wrist surgery 9/18/13. A 7/11/14 medical report identifies pain in the neck and left shoulder, arm, wrist, and hand. There is tingling and weakness. Pain is 7/10 on average. On exam, there is cervical spine tenderness, right shoulder limited ROM and tenderness, and "increased" sensation left C5-8 dermatomes. Left upper extremity MRI was recommended. 6/13/14 medical report identifies pain in the neck and left shoulder, arm, wrist, and hand. There is tingling and weakness. Pain is 7/10 on average. On exam, there is cervical spine tenderness, right shoulder limited ROM and tenderness, and "increased" sensation left C5-8 dermatomes. The patient was noted to be taking ibuprofen and sertraline. Recommendations included discontinue Lyrica (although it was not noted in the current medication list), MRI of the left wrist, Tramadol ER, and Methyl Salicylate 15% topical.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 269.

Decision rationale: California MTUS supports imaging studies to clarify the diagnosis if the medical history and physical examination suggest specific disorders. Within the documentation available for review, the provider notes only left wrist pain, but there is no indication of any findings suggestive of the need for advanced imaging such as abnormal exam findings and/or non- diagnostic radiographs. No clear rationale is provided identifying the medical necessity of MRI in a patient with no abnormal physical exam findings. In light of the above issues, the currently requested MRI of the left wrist is not medically necessary.

Tramadol ER 150mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Page(s): 76-79, 120 of 127.

Decision rationale: California MTUS and ACOEM support "a short course of opioids for severe pain, although ongoing use requires documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use." Within the documentation available for review, it appears that the patient was utilizing non-opioid analgesics prior to the current request. Average pain is noted to be 7/10. A short course of opioids is reasonable to address the patient's pain. In light of the above, the currently requested tramadol ER 150mg #30 is medically necessary.

Methyl Salicylate 15% (quantity not indicated): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127.

Decision rationale: California MTUS notes that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested methyl salicylate 15% is not medically necessary.