

Case Number:	CM14-0166631		
Date Assigned:	10/13/2014	Date of Injury:	04/23/2004
Decision Date:	11/17/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/09/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist pain reportedly associated with cumulative trauma at work between the dates of August 2003 through April 5, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; topical agents; and psychological counseling. In a Utilization Review Report dated September 5, 2014, the claims administrator denied a request for Tylenol with Codeine and a topical compounded medication. The applicant's attorney subsequently appealed. In a progress note dated February 25, 2014, the applicant was given prescriptions for Flector patches and Tylenol with Codeine owing to ongoing complaints of wrist pain. The applicant's work status was not clearly stated, although the applicant did not appear to be working. In a May 20, 2014 progress note, Tylenol No. 3 and topical Flector patches were again renewed owing to ongoing complaints of wrist pain. The attending provider stated that the applicant was improving with the medications in question, but did not elaborate or expound upon the nature of the same. The applicant was still using a wrist brace on this date, it was acknowledged. The applicant's work status, once again, was not clearly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with Codeine #3, QTY: 90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Tylenol No. 3 usage. Therefore, the request is not medically necessary.

Topical compound LF520 (Lidocaine 5%, Flurbiprofen 20%) , QTY: 120 gm with 2 refills:
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 Topical Analgesics topic Page(s): 111.

Decision rationale: As noted on page 111 of MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental." In this case, there is no evidence of intolerance to and/or failure of multiple classes of first line oral pharmaceuticals so as to justify selection and/or ongoing usage of the largely experimental topical compounded agent at issue. Therefore, the request is not medically necessary.