

Case Number:	CM14-0021518		
Date Assigned:	05/07/2014	Date of Injury:	07/28/2000
Decision Date:	07/11/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/20/2014

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 Orthopedic Surgery 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 employee is a 59-year-old male who states that he sustained a work-related injury on July 28, 2000. The injured employee was seen most recently on January 7, 2014, with complaints of pain, numbness, tingling in his middle, ring, and little fingers of his left hand. The medical record states there was a re-injury of the left elbow on January 6, 2014, which resulted in a 4 cm laceration that the distal aspect of the previous surgical site. Previous surgery included a left elbow hardware removal performed on December 10, 2013. There were also complaints of gastrointestinal upset. The injured employee stated that his pain level was 8/10 without medication and 7/10 with medication. The physical examination on January 7, 2014, noted a well-healed surgical scar at the left elbow with the exception of the last 4 cm slightly open with no signs of infection. There was left elbow tenderness and reduced left elbow range of motion. The Utilization Review was performed on February 5, 2014 which certified the use of Axid and a left elbow brace. The request for Vicodin and Dulcolax was modified. The request for Lidoderm patches was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN ES #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use, Ongoing Management Page(s): 78.

Decision rationale: For continued use of Opioid medications the California MTUS Chronic Pain Medical Treatment Guidelines states that pain relief, functional status, appropriate medication use, and side effects should be assessed. The injured employee states that without medication the pain level was 8/10 and with medication it was 7/10. This is not a significant pain reduction to justify continued use of Vicodin. Therefore, the request for Vicodin is not medically necessary.

DULCOLAX 5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Page(s): 77.

Decision rationale: Constipation is a common side effect of using opioid medications and the California MTUS Chronic Pain Medical Treatment Guidelines recommend prophylactic treatment of constipation when using opioid medications. However as continued use of Opioids is not medically reasonable or necessary neither is a secondary medication to treat its side effects. The request for Dulcolax is not medically necessary.

LIDODERM PATCHES 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page Lidoderm.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines states that Lidoderm patches are only indicated for neuropathic pain. The documentation provided for review does not show that the injured employee has neuropathic pain. Therefore, the request for Lidoderm patches is not medically necessary.