

<b>Case Number:</b>	CM14-0029815		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	07/01/2005
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 patient is a 37-year-old female who has submitted a claim for right upper limb complex regional pain syndrome, lumbar radiculopathy, anxiety/depression treated, right carpal tunnel syndrome, constipation due to medications associated with an industrial injury date of July 1, 2005. The medical records from 2013-2014 were reviewed. The patient complained of constant pain on her right arm and leg, rated 7/10 in severity. Recent physical examination findings were not available. A previous utilization review dated March 6, 2014 stated that the patient has abnormalities of the lumbosacral spine. There was right elbow medial epicondyle dysesthesia, and elbow hyperflexion caused tingling into the 2nd and 3rd digit. Carpal compression test caused some tingling on the right 2nd digit. The imaging studies were not available. The treatment to date has included medications, physical therapy, and activity modification. The utilization review, dated January 20, 2014, denied the request for meds on an ongoing basis, because the request was vague and non-specific and cannot be certified as medically necessary. Another utilization review, dated March 6, 2014, denied the request for medications on an ongoing basis, because of the same reason as above.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medications on an ongoing basis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Medications for Subacute and Chronic Pain.

**Decision rationale:** The Official Disability Guidelines indicate that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. In this case, the rationale for the present request was not provided. Furthermore, the present request failed to specify the particular medications to be continued for this patient. The progress report dated February 21, 2014, stated that her medications include Abilify, Cymbalta, Duragesic-12, Duragesic-50, Lidoderm, Norco, and Salonpas pain patch. The medical necessity has not been established, due to non-specificity of the request. Therefore, the request for is not medically necessary.