

Case Number:	CM14-0031621		
Date Assigned:	06/20/2014	Date of Injury:	06/03/2009
Decision Date:	07/17/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/12/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a 50-year-old female with a 6/3/09 date of injury and status post post bilateral carpal tunnel release and right ulnar nerve release . At the time (1/10/14) of request for authorization for retrospective for date of service 01/10/2014 Butrans 10 mcg/hr. patches quantity four and retrospective for date of service 01/10/2014 Medrol dosepak 4 mg quantity 1, there is documentation of subjective (chronic bilateral upper extremity pain, pain in the ulnar aspect of the left hand with weakness and difficulty gripping, pain and swelling of the left wrist, pain in the elbow, difficulty sleeping, and abdominal pain) and objective (tenderness to palpation over the left wrist) findings, current diagnoses (carpal tunnel syndrome, repetitive strain injury of the upper extremities with pain in elbows and shoulder, ulnar nerve lesion, and psychogenic pain), and treatment to date (medications (Lyrica, Capsaicin cream, Ketamine cream, Protonix, Zofran, Lidoderm patch, Flexeril, Hydrocodone, Dilaudid, Pristiq, and Seroquel). In addition, medical report plan identifies trial of Medrol dosepak and trial of Butrans patches; and presence of opioid agreement. Regarding retrospective for date of service 01/10/2014 Butrans 10 mcg/hr. patches quantity four, there is no documentation of detoxification for a history of opiate addiction. Regarding retrospective for date of service 01/10/2014 Medrol dosepak 4 mg quantity 1, there is no documentation of a symptom free period with subsequent exacerbation or evidence of a new injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for date of service 01/10/2014 Butrans 10 mcg/hr. patches quantity four:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction), as criteria necessary to support the medical necessity of Buprenorphine. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, repetitive strain injury of the upper extremities with pain in elbows and shoulder, ulnar nerve lesion, and psychogenic pain. In addition, there is documentation of a plan identifying trial of Butrans patches. However, despite documentation of chronic pain, there is no documentation of detoxification for a history of opiate addiction. Therefore, based on guidelines and a review of the evidence, the request for retrospective for date of service 01/10/2014 Butrans 10 mcg/hr. patches quantity four is not medically necessary.

Retrospective for date of service 01/10/2014 Medrol dosepak 4 mg quantity 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Oral corticosteroids; Low Back Chapter, Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: MTUS reference to ACOEM Guidelines identifies that there is limited research-based evidence for oral corticosteroids in the management of low back complaints. ODG identifies documentation of radiculopathy (with supportive subjective and objective findings) and evidence of a discussion with the patient regarding the risk of systemic steroids, as criteria necessary to support the medical necessity of systemic corticosteroids in the acute phase of an injury. In addition, ODG identifies documentation of a symptom free period with subsequent exacerbation or evidence of a new injury, as criteria necessary to support the medical necessity of systemic corticosteroids in the chronic phase of an injury. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance;

and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, repetitive strain injury of the upper extremities with pain in elbows and shoulder, ulnar nerve lesion, and psychogenic pain. In addition, there is documentation of a plan identifying trial of Medrol dosepak. Furthermore, there is documentation of chronic pain. However, there is no documentation of a symptom free period with subsequent exacerbation or evidence of a new injury. Therefore, based on guidelines and a review of the evidence, the request for retrospective for date of service 01/10/2014 Medrol dosepak 4 mg is not medically necessary.