

Case Number:	CM14-0032424		
Date Assigned:	06/20/2014	Date of Injury:	01/10/2013
Decision Date:	07/21/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/13/2014

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 Orthopaedic 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 worker is a 52-year-old male who was reportedly injured on January 10, 2013. There was no specific mechanism of injury noted, only the gradual onset of wrist pain. The most recent progress note, dated January 6, 2014, indicated that there were ongoing complaints of distal left upper extremity discomfort. The physical examination demonstrated a slight decrease in wrist range of motion, and positive Tinel's, Phalen's and Finkelstein's test on the left. Slight motor function losses reported. Diagnostic imaging studies were not reviewed. Previous treatment included 18 sessions of physical therapy and other conservative measures. A request was made for Naproxen cream and oral Ultracet. The request was not certified in the pre-authorization process on February 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen cream 240 gm as needed # 1 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

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

Decision rationale: The efficacy of topical non-steroidal anti-inflammatories (NSAIDs) has not been established. There has been some anecdotal evidence but no real objective information presented to support the use of this preparation. Furthermore, with the ongoing complaints of pain, it does not appear that there has been any efficacy or utility for this patient with this medication. It was noted that a steroid injection had been completed with no improvement whatsoever. Therefore, based on the clinical documentation presented, this request is not medically necessary or appropriate.

Ultracet 37.5 mg 1 by mouth 2 x day as needed # 60 x 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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

Decision rationale: The use of narcotic analgesics can be supported, but there is a limited efficacy or utility with the employment of such medications. The progress notes indicated ongoing complaints of pain, minimal relief with multiple sessions of physical therapy, and potential surgical lesions have been noted. Given the lack of improvement, the ongoing complaints of pain, the findings on diagnostic imaging studies and no amelioration of the symptomatology, there was insufficient clinical data presented to justify the request. The requested Ultracet is not medically necessary.