

Case Number:	CM14-0036987		
Date Assigned:	06/25/2014	Date of Injury:	08/23/2013
Decision Date:	10/13/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/27/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 44 year old male who reported an injury to his right thumb. The clinical note dated 08/23/13 indicates the injured worker having a crescent-shaped laceration measuring 4cm at the volar aspect of the right thumb. The utilization review dated 09/19/14 resulted in a denial for the continued use of Hydrocodone as insufficient information had been submitted confirming the ongoing need for this medication. The clinical note dated 08/23/13 indicates the injured worker had been working with a table saw when he was cutting plywood when the injury took place. The clinical note dated 03/03/14 indicates the injured worker showing tenderness and swelling throughout the right hand, decreased strength was also identified. The injured worker reported feeling drowsy with the continued use of Hydrocodone. The clinical note dated 03/17/14 indicates the injured worker showing a positive Tinel's and Phalen's sign at the wrist and hand. Decreased right handed grip strength was also identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: Cyclobenzaprine (Flexeril) is recommended as a second-line option for short-term treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation provided for review, this patient has exceeded the 4 week window for acute management also indicating a lack of efficacy. No information was submitted regarding the ongoing benefits associated with the use of cyclobenzaprine following initiation. As such, the medical necessity cannot be established at this time and the requested Flexeril is not medically necessary or appropriate.

Hydrocodone 7.5/325mg: 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 Opioids, criteria for use Page(s): 77.

Decision rationale: There should be an indication of a functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.