

Case Number:	CM14-0037052		
Date Assigned:	06/25/2014	Date of Injury:	09/19/2006
Decision Date:	07/25/2014	UR Denial Date:	03/19/2014
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, has a subspecialty in Sports Medicine and is licensed to practice in Texas and New York. 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 56-year-old male who reported an injury on 09/19/2006 with the mechanism of injury not cited within the documentation provided. In the clinical note dated 05/19/2014, the injured worker was status post a right carpal tunnel release and 2nd and 3rd digit A1 pulley excision. It was also noted that the injured worker was also currently being treated for left carpal tunnel syndrome and thumb stenosing tenosynovitis. It was noted that the injured worker continued to have improvement on the right side with an occasional sensation of stiffness. It was also noted that the injured worker continued to have paresthesias in the left median nerve distribution with pain and stiffness at the left thumb. Prior treatments included pain medications, physical therapy and surgeries. The physical examination of the right wrist/hand revealed well-healed incisions with only minimal tenderness. It was noted that the injured worker had full active and passive range of motion with no subjective sensory deficits. The physical examination of the left wrist/hand revealed a positive Tinel's and Phalen's and positive compression with tenderness over the A1 pulley of the thumb with a palpable nodule. The treatment plan included a left carpal tunnel release and a thumb A1 pulley excision in the next 3 to 4 weeks. It was noted that no medications were dispensed. The Request for Authorization for Percocet 5/325 mg #30 and Relafen 750 mg #60 with rationale was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, page(s) 80, Opioids, specific drug list, page(s) 92 Page(s): 80,92.

Decision rationale: The request for Percocet 5/325 mg #30 is non-certified. The California MTUS Guidelines state that opioids for neuropathic pain have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of long-term use. The analgesic dose of Percocet is based on the oxycodone content and should be administered every 4 to 6 hours as needed for pain. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status with or without the use of pain medications. There is also a lack of documentation of the physician addressing the use of Percocet. Furthermore, the frequency at which the requested medication is to be taken is not documented. Therefore, the request for Percocet 5/325 mg #30 is not medically necessary.

Relafen 750mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page(s) 67, NSAIDs, specific drug list and adverse effects Page(s): 67, 72.

Decision rationale: The request for Relafen 750 mg #60 is non-certified. The California MTUS Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain and, in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. Relafen is recommended for osteoarthritis, and the starting dose is 1000 mg by mouth, which can be divided into 500 mg by mouth twice a day. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status with or without the use of the prescribed medications. It is also noted that the injured worker has been on Relafen since 03/2013, as such, the guidelines state that NSAIDs should be used at the lowest dose for the shortest period. There is also a lack of documentation of the physician addressing the use of Relafen. Furthermore, the frequency at which the prescribed medication, Relafen, is to be used is not documented. Therefore, the request for Relafen 750 mg #60 is not medically necessary.