

Case Number:	CM14-0038964		
Date Assigned:	06/30/2014	Date of Injury:	11/23/2012
Decision Date:	08/20/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/02/2014

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 Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 60-year-old female who reported an injury on 11/23/2012. The mechanism of injury was not stated. Current diagnoses include cervical sprain, thoracic sprain, lumbar sprain, left shoulder impingement syndrome, right shoulder impingement syndrome, left lateral epicondylitis, right lateral epicondylitis, ulnar nerve entrapment, left carpal tunnel syndrome, left wrist sprain, right carpal tunnel syndrome, right wrist sprain, left knee sprain, right knee sprain, left ankle sprain, and right ankle sprain. The injured worker was evaluated on 04/21/2014 with complaints of persistent pain over multiple areas of the body. Physical examination was not provided on that date. Treatment recommendations included continuation of the current medication regimen including Ultram 50 mg, Motrin 800 mg and a compounded cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no mention of a failure to respond to nonopioid analgesics. There is also no documentation of a written pain consent or agreement for chronic use. There is no frequency listed in the current request. As such, the request is not medically necessary.

Motrin 800mg , #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs(non-steroidal anti inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a first line option after acetaminophen. There is no frequency listed in the current request. California MTUS Guidelines do not recommend long term use of NSAIDs. Based on the clinical information received, the request is not medically necessary.

Fluriflex: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guideline state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There is also no frequency or quantity listed in the current request. As such, the request is not medically necessary.

Transdermal Analgesics: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guideline state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The specific type of topical analgesic with a strength, frequency, and quantity was not listed. Therefore, the request is not medically necessary.

Anti-inflammatory Compounds: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guideline state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The specific type of topical analgesic with a strength, frequency, and quantity was not listed. Therefore, the request is not medically necessary.