

Case Number:	CM14-0041830		
Date Assigned:	06/30/2014	Date of Injury:	02/02/2010
Decision Date:	08/06/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/07/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of February 10, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; splinting; transfer of care to and from various providers in various specialties; opioid therapy; unspecified amounts of physical therapy; and the claims administrator stated that the applicant was not working. In a utilization review report dated March 20, 2014, the applicant was described as off of work. Hand and wrist splint was apparently approved while Norco, Terocin, and tramadol were denied. Naprosyn, somewhat incongruously, was approved. Claims administrator suggested that the applicant was off of work. A January 30, 2014 progress note was notable for comments that the applicant was continuously working. The applicant was given 16% whole person impairment rating, it was stated. The applicant had apparently avoided any surgical intervention and was using a TENS unit. The applicant was able to perform lifting chores, it was stated, with ongoing medications. The applicant did have concurrent diabetes, wrist splint, Terocin patches, Naprosyn, Norco, and regular duty work were endorsed. An early note of December 20, 2013 was also notable for comments that the applicant was working regular duty. The applicant did have comorbid diabetes, it was again stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco #80: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 80, When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy, includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the attending provider has quantified the applicant's pain level from visit to visit, it does appear that the applicant is deriving appropriate improvements in function with ongoing opioid therapy. Specifically, the attending provider is able to grip, grasp, lift, and perform household chores, and perform regular duty work tasks. Continuing opioid therapy is therefore indicated. Accordingly, the request is medically necessary.

Terocin patches #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines . MTUS page 111, Topical Analgesic topic Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are the first line palliative method. In this case, the applicant's seemingly successful usage of a variety of oral pharmaceuticals, including Naprosyn, Norco, Ultram, etc., effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems large experimental topical agents such as the Terocin patches in question here. Therefore, the request is not medically necessary.

Tramadol ER 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 80, When to Continue Opioids topic. Page(s): 80.

Decision rationale: Extended-release tramadol is a long-acting synthetic opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has successfully returned to work. The applicant is reporting appropriate improvements in function including ability to grip, grasp, lift, and perform household chores, reportedly effected as a result of ongoing opioid therapy. Therefore, the request is medically necessary.

