

Case Number:	CM14-0051447		
Date Assigned:	06/23/2014	Date of Injury:	01/21/1997
Decision Date:	08/29/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/21/2014

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, has a subspecialty in Preventive 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 November 21, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and extensive periods of time off of work. In a Utilization Review Report dated March 12, 2014, the claims administrator denied a request for Prazolamine and Trepoxicam. The applicant's attorney subsequently appealed. On March 10, 2014, the applicant reported persistent complaints of numbness and tingling about the hands and digits. The applicant was placed off of work, on total temporary disability, and asked to pursue additional physical therapy. On February 11, 2014, the applicant was described pending a right upper extremity cubital tunnel release surgery and/or carpal tunnel release surgery. The applicant was placed off of work, on total temporary disability, in the interim, owing to ongoing complaints of hand pain and paresthesias. On January 10, 2014, the applicant underwent urine drug testing. On October 21, 2013, the attending provider dispensed topical medications for the applicant. The applicant's medication list was not clearly outlined on any of the progress notes in question. In a drug testing report dated January 10, 2014, the attending provider suggested that the applicant was using hydrocodone and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Prazolamine NDC #68405002806: 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 CARISOPRODOL Page(s): 29. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Library of Medicine (NLM), Prazolamine Drug Guide.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended for chronic or long-term use purposes. In this case, the nature of the request suggested the applicant is, in fact, using Carisoprodol for long-term and/or scheduled use purposes. No rationale for provision of the same was proffered by the attending provider. No rationale for chronic or long-term usage of Carisoprodol was proffered by the attending provider in the face of the unfavorable MTUS position on the same. Since one ingredient in the compound is not recommended, the entire compound is considered not recommended. Therefore, the request is not medically necessary and appropriate.

1 prescription of Trepoxicam 7.5 NCD #68405003636: 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 ANTIINFLAMMATORY MEDICATIONS Page(s): 7, 22. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Library of Medicine (NLM), Trepoxicam Medication Guide.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antiinflammatory medications such as meloxicam do represent the traditional first-line treatment for various chronic pain syndromes, such as that present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that the attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work. The applicant continues to have complaints of pain and paresthesias about the hands and digits. The applicant is having difficulty performing gripping and grasping tasks. It does not appear, in short, that the applicant has effected any lasting benefit or functional improvement as defined in MTUS 9792.20f through ongoing usage of Trepoxicam. Therefore, the request is not medically necessary and appropriate.