

Case Number:	CM14-0082267		
Date Assigned:	07/21/2014	Date of Injury:	02/27/1998
Decision Date:	09/23/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/03/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 66-year-old individual was reportedly injured on every 27, 1998. The mechanism of injury was noted as repetitive trauma. The most recent progress note, dated July 17, 2014, indicated that there were ongoing complaints of bilateral upper extremities pain. The physical examination demonstrated a full range of motion of the extremities, well healed surgical scars, and no edema or cyanosis. There were elements of painful touch with hyperpathia and allodynia. Diagnostic imaging studies were not reported. Previous treatment included carpal tunnel release surgery (bilaterally), physical therapy, multiple medications and pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on May 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Methadone Hcl 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 61-62 OF 127.

Decision rationale: As noted in the MTUS, this medication is recommended as a 2nd line drug for moderate to severe pain. The utilization of medication is only if the benefit outweighs the risk. It is noted that there is a severe morbidity and mortality associated with the use of this medication. Comorbidities of respiratory distress and failure are noted. This medication is used with caution and those people with decreased respiratory reserve (asthma, COPD, sleep apnea, severe obesity). Further, there are a number of basic rules that must be met when prescribing this medication, as outlined in the MTUS. The progress notes presented for review do not support that each of these criterion have been met. Therefore, the ongoing use of this medication is not medically necessary.

1 Prescription of Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68 OF 127.

Decision rationale: This is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease. This malady is not present in this case. Furthermore, there are no current complaints of gastric distress or other issues relative to the stomach that would require such a medication. Accordingly, based on the clinical information presented for review, this is not medically necessary.