

Case Number:	CM14-0095552		
Date Assigned:	07/25/2014	Date of Injury:	03/04/2011
Decision Date:	09/09/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/23/2014

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, 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 62-year-old female who reported an injury on 05/03/2011. The mechanism of injury was not provided for clinical review. The diagnoses included carpal tunnel syndrome, trigger finger, and lateral epicondylitis. Previous treatments included medication, physical therapy, surgery, injections, and splints. Diagnostic imaging included an NCV/EMG. Within the clinical note dated 01/31/2014, it was reported the injured worker complained of discomfort to the bilateral hands, forearms, and elbows. Upon the physical examination the provider noted the injured worker had well-healed palmar scars, complained of pain to the bilateral hands, and left flexor forearm and bilateral elbows. The provider requested Norco, ibuprofen, and mentoderm. However, the rationale was not provided for clinical review. The request for authorization is not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of Norco 5 mg/325 mg.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Classifications Page(s): 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for 30 tablets of Norco 5 mg/325 mg is non-certified. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete pain assessment. There was a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 01/2014. Additionally, the request submitted failed to provide the frequency of the medication. Therefore, the request is non-certified.

60 Tablets of Ibuprofen 800 mg.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for 60 tablets of ibuprofen 800 mg is non-certified. The California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period of time. The guidelines note ibuprofen is used for osteoarthritis and off-label for ankylosing spondylitis. There was a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is non-certified.

1 container of mentoderm cream.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The request for 1 container of mentoderm cream is non-certified. The California MTUS Guidelines note topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow, and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There was a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the treatment site. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the dosage of the medication. Additionally, the injured worker has been utilizing the medication for an extended period of time, since at least 01/2014, which exceeds the guidelines' recommendations of short-term use of 4 to 12 weeks. Therefore, the request is non-certified.