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| Case Number: | CM14-0096874 | | |
| Date Assigned: | 07/28/2014 | Date of Injury: | 06/20/2012 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 06/12/2014 |
| Priority: | Standard | Application Received: | 06/25/2014 |

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 Internal 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 patient is a 35 year old female who was injured on 06/20/2013 while performing her usual and customary job duties. She began to experience burning and tingling in her wrists/hands associated with swelling of her hands while she was working at a computer. Prior treatment history has included ibuprofen, tramadol, Flexeril and Flonase. The patient underwent right ankle tunnel release on 04/29/2014. Progress report dated 03/04/2014 states the patient presented with right hand pain. On exam, she is noted to have Tinel's on the right at the wrist and elbow as well as Phalen's sign. She has full range of motion of the elbow and wrist. She is diagnosed with chronic neck and back pain, right upper extremity over use syndrome and carpal tunnel syndrome. The patient was recommended Theracodophen 150. Prior utilization review dated 06/12/2014 states the request for Theracodophen, #150 is denied, as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theracodophen, #150: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Medical Food

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 75-95.

Decision rationale: The guidelines recommend opioid therapy for pain as an option after conservative therapies and first line medications have failed. The clinical documents did not adequately discuss the indication for initiating opioid therapy. It is not clear what conservative therapies the patient has tried and what response the patient had to previous therapy. The dose, frequency, and method of administration were not given in the request. It appears the patient is undergoing an initial trial with Theracodophen but it is unclear why 150 tablets are being requested. This is above a recommended number for an initial trial. When prescribing chronic opioids or initiating opioid therapy there should be detailed clinical information regarding the indication for opioid therapy. The clinical documents provided did not contain such information. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.