MAXIMUS Federal Services

Case Number:	CM14-0208822		
Date Assigned:	12/22/2014	Date of Injury:	06/13/2008
Decision Date:	02/20/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 46-year-old male with a 6/13/08 date of injury. The patient was seen on 11/05/14 complaining of constant pain to the left shoulder, as well as the left elbow, 4-5/10. Exam findings revealed worsening pain with movement of the left elbow with associated numbness, tingling, and swelling of the hands and fingers. There was decreased range of motion of the DIP and PIP joints consistent with a flare up.Treatment to date includes surgical left hand carpal tunnel release; Guyons capsule release, trigger finger release, left shoulder arthroscopy with subacormial decompression of a partial rotator cuff repair, as well as extensor tendon repair.Diagnostic studies: nerve conduction study of the upper extremities dated 7/17/14 revealing radial vs. ulnar nerve lesion.The UR determination letter dated 11/21/14 modified the request for Tylenol 33 to #120 as 2 refills were requested, tablets and Flexeril 10 mg Tablets #90 TID as needed with 0 refills given efficacy diminishes over time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 79-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. This patient has significant pain, however, the UR decision modified the request to #120 tablets with no refills, which allows for ongoing monitoring of the patients pain which is appropriate in this case. Therefore, the request for Tylenol #3 #120 with 2 refills as submitted is not medically necessary.

Flexeril #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 63.

Decision rationale: According to page 63 of the Chronic Pain Medical Treatment Guidelines, Flexeril is recommended for a short course of therapy. Limited mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. This patient has multiple medical problems and has a flare up. The UR decision to dispense one month of Flexeril is deemed appropriate in this case and prolonged use of this medication per MTUS guidelines is not appropriate for 2 refills. Therefore, the request for Flexeril #90 with 2 refills as submitted is not medically necessary.