

Case Number:	CM14-0050378		
Date Assigned:	06/25/2014	Date of Injury:	04/04/2013
Decision Date:	01/30/2015	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/24/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

3/13/14 note indicates the insured cut the base of his left index finger with saw and is having pain, numbness and tingling of the entire left index finger. The pain radiates upward into the left palm, wrist and forearm. Examination notes normal tone and sensation with negative Phalen's, Tinel's, and Spurling. EMG of the bilateral upper extremities was noted as normal. 3/7/14 PR-2 notes pain and the insured is taking tramadol and zantac daily. The left index finger is pain with numbness and tingling. There is sensitivity of the left index finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbitac (Flurbiprofen/Ranitidine)100/100 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-4, Table 11-4.. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The medical records provided for review do not indicate any history of gastrointestinal side effects related to NSAIDs or indicate risk factor of NSIAD use in support of combining oral NSAID with proton pump inhibitor or antacid treatment.

1 prescription for Flurbipro cream 20%,10%, 4%, 18 gm: Upheld

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

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

Decision rationale: The medical records do not indicate intolerance or ineffectiveness of oral NSAID therapy. Guidelines do not support topical use of analgesics or combination topical analgesics for the control of pain in combination with oral NSAIDS.

Tramadol (50mg, #200): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-79.

Decision rationale: The medical records provided for review do not indicate effectiveness of opioid for control of pain. There is no documentation of opioid risk use mitigation through use of tools such as UDS. In the absence of clinical improvement, continued use of opioid is not supported under ODG guidelines.