MAXIMUS Federal Services

Case Number:	CM15-0133875		
Date Assigned:	07/22/2015	Date of Injury:	07/31/2013
Decision Date:	08/18/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/10/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 60-year-old male sustained an industrial injury to the right hand, wrist and shoulder on 7/31/13 via repetitive trauma. Previous treatment included physical therapy and medications. Electromyography/nerve conduction velocity test of bilateral upper extremities (12/10/13) showed right carpal tunnel syndrome. X-ray of the right wrist (12/19/13) showed mild degenerative joint disease of the radial carpal articulation. In the most recent PR-2 submitted for review, dated 11/27/13, the injured worker complained of continuing right hand and left shoulder pain. Physical exam was remarkable for right hand with distinct contracture of the flexor tendon of the right ring finger, decreased sensation and motor strength to the right wrist and left shoulder with decreased range of motion. Current diagnoses included left shoulder internal derangement with adhesive capsulitis, right wrist with clinical carpal tunnel syndrome and right palmer dupuytren's contracture. The treatment plan included magnetic resonance imaging left shoulder, electromyography/nerve conduction velocity test bilateral upper extremities, a hand surgeon consultation, physical therapy right shoulder and medications (Tramadol, Flexeril, Prilosec, Relafen and Terocin patch). This was a retrospective request for Flurbiprofen/Tramadol (unknown duration and frequency) dispensed on 03/04/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen/Tramadol (unknown duration and frequency) dispensed on 03/04/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Flurbiprofen for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic, medication options (such as acetaminophen or NSAIDs), and when there is evidence of moderate to severe pain. In this case, the claimant was on Tramadol and Relafen for an unknown length of time. Prolonged use of NSAIDS and Tramadol is not recommended. Pain scores were not routinely noted. The Flurbiprofen/ Tramadol is not medically necessary.