

Case Number:	CM15-0024391		
Date Assigned:	02/13/2015	Date of Injury:	11/01/2009
Decision Date:	04/07/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/09/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56-year-old female who reported an injury on 08/03/2004 due to an unspecified mechanism of injury. On 01/06/2015, she presented for a follow-up evaluation regarding her work related injury. She reported that she was working full time aided by her medications. She noted pain with cold weather and work responsibilities. Objective findings showed bilateral hand and upper extremity tenderness to palpation and bilateral epi tenderness. It should be noted that the document was handwritten and illegible. She was diagnosed with bilateral RSI and bilateral epicondylitis. The treatment plan was for tramadol 50 mg and naproxen 500 mg 3 times a day #100. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects be performed during the opioid therapy. The documentation provided does not show that the injured worker was having a quantitative decrease in pain or an objective improvement in function with the use of her medications to support their continuation. Also, no official urine drug screen or CURES reports were provided for review to validate her compliance with her medication regimen. Furthermore, the quantity and frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Naproxen 500mg tid #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: The California MTUS Guidelines indicate that NSAIDs are recommended for the short term symptomatic relief of low back pain. The documentation provided does not show that the injured worker was suffering from low back pain. Also, it is unclear how long she has been using this medication. Without this information, continuing would not be supported as it is only recommended for short term treatment. Also, her response to the medication in terms of a quantitative decrease in pain and an objective improvement in function was not clearly documented. Therefore, the request is not supported. As such, the request is not medically necessary.