

Case Number:	CM15-0029680		
Date Assigned:	02/23/2015	Date of Injury:	02/13/2014
Decision Date:	04/07/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/17/2015

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, Hawaii
 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:

This 28 year old male sustained an industrial injury to the right hand on 2/13/14. The injured worker was diagnosed with right hand avulsion injury. Treatment included skin graft of avulsed soft tissues, physical therapy, occupational therapy and medications. In a PR-2 dated 12/17/14, the injured worker complained of ongoing pain to a right hand keloid scar. The injured worker was currently undergoing occupational therapy to the right thumb. Physical exam was remarkable for two wounds to the right hand with a keloid scar along the distal aspect of the right thumb at the intraphalangeal joint with tenderness to palpation. The treatment plan included ongoing occupational therapy and excision of keloid scar of right thumb. On 1/23/15, Utilization Review noncertified a request for post op analgesic medicine, citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op analgesic medicine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Page(s): 60.

Decision rationale: The patient presents with pain affecting the right hand. The current request is for Post op analgesic medicine. The treating physician report dated 12/17/14 (44C) states, "Together with authorization for surgery, there is a need for pre-approval for post-operative analgesic medication." There was no further rationale provided by the treating physician. The MTUS guidelines has the following regarding medications for chronic pain: "Recommended as indicated below. Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change." In this case, while it is medically necessary that the patient be prescribed an analgesic medication post-surgery, there is no quantity or type of analgesic medication specified in the current request and the MTUS guidelines do not support an open ended request. Recommendation is for denial.