

Case Number:	CM15-0056122		
Date Assigned:	04/01/2015	Date of Injury:	06/14/2007
Decision Date:	05/01/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	03/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male, who sustained an industrial injury on June 14, 2007. The mechanism of injury is unknown. The injured worker was diagnosed as having bilateral lateral epicondylitis, lumbago and bilateral hand trigger fingers. Treatment to date has included diagnostic studies, surgery and medications. On December 23, 2014, the injured worker complained of lumbago without radiculopathy and bilateral hand pain. Notes stated that he has failed conservative care and is a candidate for bilateral Tenex procedure under ultrasound for his bilateral lateral epicondylitis. The treatment plan included medications and continued use of his TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Feldene 20 mg #30, 1 capsule daily: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatories).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p73 Page(s): 73.

Decision rationale: The claimant sustained a work-related injury in June 2007 and continues to be treated for bilateral hand and low back pain. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Recommended dosing of Feldene (piroxicam) is up to 20 mg per day. In this case, the requested dosing is within guideline recommendations and therefore is medically necessary.