

Case Number:	CM15-0058007		
Date Assigned:	04/16/2015	Date of Injury:	02/14/2014
Decision Date:	05/22/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	03/26/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 48-year-old who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of February 14, 2014. In a Utilization Review report dated March 26, 2015, the claims administrator failed to approve a request for Relafen and Percocet. A RFA form received on March 17, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On March 17, 2015, wrist MRI imaging, a thumb spica brace, and Relafen were endorsed. In an associated progress note of March 5, 2015, the applicant reported ongoing complaints of hand and wrist pain with associated upper extremity paresthesias. The applicant had undergone multiple corticosteroid injections without significant relief, it was acknowledged. The applicant apparently had bilateral hand and degenerative joint disease; it was incidentally noted, along with issues of carpal tunnel syndrome, de Quervain's tenosynovitis, and multiple trigger fingers. The attending provider stated that no medications were dispensed on this date. The attending provider did state that the applicant was using diclofenac and hydrochlorothiazide.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Relafen 750mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for Relafen, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should "tailor medications and dosages" for specific applicants taking into consideration applicant-specific variables such as comorbidities, other medications, and allergies. Here, however, the attending provider did not, however, furnish a clear or compelling rationale for introduction of Relafen on or around the date in question, March 17, 2015. The March 17, 2015 RFA form did not contain much in a way of narrative commentary. It was not clearly stated why the Relafen was introduced when the applicant was previously described as using another NSAID, diclofenac, on March 5, 2015. The attending provider stated on March 5, 2015 that he had no intention of introducing new medications. The request for Relafen, thus, was at odds with the applicant's previous usage of diclofenac and with the attending provider's own commentary on his progress note of March 5, 2015. Therefore, the request was not medically necessary.

Percocet 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids; Functional Restoration Approach to Chronic Pain Management Page(s): 75; 7.

Decision rationale: Similarly, the request for Percocet, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. While page 75 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that short-acting opioids such as Percocet are an effective method in controlling chronic pain and that such agents are often used for intermittent or breakthrough pain, in this case, however, as with the preceding request, little-to-no narrative commentary accompanied the request. It was not clearly established why Percocet was introduced. There was no mention made of Percocet on either the March 5, 2015 progress note or the March 17, 2015 RFA form in question. It was not clearly stated why previously provided oral diclofenac was unsatisfactory here. As further noted in page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider's choice of pharmacotherapy should be based on the type of the pain to be treated and/or pain mechanism as well. Here, again, the attending provider did not clearly outline why Percocet had been introduced on or around the date in question. Therefore, the request was not medically necessary.