

Case Number:	CM15-0066702		
Date Assigned:	04/14/2015	Date of Injury:	01/10/2007
Decision Date:	07/08/2015	UR Denial Date:	03/21/2015
Priority:	Standard	Application Received:	04/08/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 injured worker received the following treatments in the past OxyContin, Flexeril, Nalfon, Percocet, Tramadol, LidoPro lotion, Terocin Patches, psychiatry, chiropractic services, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremity, cervical pillow, neck traction and cervical neck MRI. The injured worker was diagnosed with cervical disc protrusion and cervical radiculitis, stat post digital nerve laceration, left middle finger, status post failed digital nerve repair of the left middle finger and status post neurolysis and re-plantation, digital neuroma of the left middle finger, chronic pain syndrome, discogenic cervical condition, cervical disc derangement, cervical sprain/strain, cervical radiculopathy and hyperesthesia of the left middle finger. According to progress note of January 27, 2015, the injured workers chief complaint was the tip of the left middle finger and neck pain, which was radiating shooting pain into the triceps on the left side. The injured worker started reducing the pain medication and cutting the pills in half to make them last. The injured worker became very sick and started going through withdrawal. The injured worker went to the pharmacy and paid for the medication. The physical exam noted tenderness along the tip of the finger with limited range of motion. There was tenderness along the facet and with facet loading, especially on the right side being positive. The treatment plan included prescriptions for OxyContin, Norflex, Flexeril, Ultracet and an IF Unit (interferential current stimulation unit) or muscle stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Oxycontin 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Guidelines support short term use of opiates for moderate to severe pain after first line medications have failed. Long term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior. In this case, the patient has been taking oxycontin since 2012 without evidence of significant benefit in pain or function to support long term use. The request for oxycontin 20 mg #60 is not medically appropriate and necessary.

1 Prescription of Norflex 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63, 64.

Decision rationale: Guidelines recommend muscle relaxants as a second line option for short term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, there is no evidence to suggest significant muscle spasm to warrant the use of this medication. The request for Norflex 100 mg #60 is not medically appropriate and necessary.

1 Prescription of Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxant Page(s): 64.

Decision rationale: Guidelines recommend muscle relaxants as a second line option for short term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, there is no evidence to suggest significant muscle spasm to warrant the use of this medication. The request for Flexeril 7.5 mg #60 is not medically appropriate and necessary.

1 Prescription of Ultracet 37.5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Guidelines recommend ultracet for short term use for acute pain management but should not be used in patients at risk for suicide or addiction. In this case, the patient has a history of depression and is currently on an SNRI. The request for ultracet 37.5/325 mg #60 is not medically appropriate and necessary.

1 IF or muscle stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Interferential Current Stimulation Page(s): 115-118.

Decision rationale: Guidelines do not recommend interferential current as an isolated intervention and suggest a one month trial in patients whose pain is not controlled by medications, are unable to take medications due to side effects, have a history of drug abuse, has pain from post op conditions that limit ability to perform physical activities, or the patient is unresponsive to conservative measures. In this case, there is no evidence that the patient is unable to perform home exercise or physical therapy. The request for one IF muscle stimulator is not medically appropriate and necessary.