

Case Number:	CM14-0168500		
Date Assigned:	10/16/2014	Date of Injury:	12/23/2011
Decision Date:	11/18/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/13/2014

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. The expert reviewer is Board Certified in Family practice and is licensed to practice in Texas and Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 59 years old male. His date of injury was 12/23/2011, his mechanism of injury was gripping and grasping. His relevant diagnoses were status post right elbow medial epicondylectomy and ulnar nerve decompression, right wrist, status post carpal tunnel release and status post right thumb, ring and long finger trigger finger release. His past treatments were physical therapy of undetermined length and pain medications. He indicated on the 12/31/2013 office visit that his pain had lessened as he was taking half of the Norco in the evenings, when the pain is severe, otherwise, he had been taking his anti-inflammatories and tramadol. The objective findings from the 12/31/2013 physical exam were healed incisions over the medial aspect of the right elbow, right wrist, thumb, long and ring fingers. No triggering of the digits was noted. His sensation was intact to light touch to the entire right hand. There was no snapping of the ulnar nerve across the medial epicondyle of the right elbow. His prescribed medications were anaprox 550mg twice a day, tramadol 50mg every 6 hours as needed for pain, and norco 10/325 every 6 hours as needed for severe breakthrough pain. The treatment plan as noted in the 12/31/2013 progress note was to continue the medications and transition him back to full duties without restriction. There is a lack of documentation of a rationale for the request in the medical chart. There was no Request for Authorization Form provided in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg tablets, 1 tablet twice daily, #120, one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 68.

Decision rationale: The request for Anaprox 550mg tablets, 1 tablet twice daily, #120, one refill is not medically necessary. The California MTUS Guidelines advise there is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis in with neuropathic pain. The guidelines also recommend that the use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. The medical record lacks documentation to support continuation of this medication as there is no objective functional improvement or pain measurement to indicate this is a beneficial treatment. As such, the request is not medically necessary.

Tramadol 50mg tablets, 1 tablet every 6 hours as needed breakthrough pain, #90 with 1 refill: 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 Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The request for Tramadol 50mg tablets, 1 tablet every 6 hours as needed breakthrough pain, #90 with 1 refill is not medically necessary. The California MTUS guidelines advise that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The medical record lacks documentation to support continuation of this medication as there is no functional improvement or pain measurement to indicate this is a beneficial treatment. As such, the request is not medically necessary.

Norco 10/325mg, 1 tablet every 6 hours as needed for severe breakthrough pain, #60 with 1 refill: 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 Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The request for Norco 10/325mg, 1 tablet every 6 hours as needed for severe breakthrough pain, #60 with 1 refill is not medically necessary. The California MTUS guidelines advise that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The medical record lacks documentation to support continuation of this medication as there is no functional improvement or pain measurement to indicate this is a beneficial treatment. As such, the request is not medically necessary.