

Case Number:	CM14-0033696		
Date Assigned:	06/20/2014	Date of Injury:	09/27/2012
Decision Date:	03/10/2015	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/17/2014

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. 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: Pennsylvania, Ohio, California
 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 patient's diagnoses include a right wrist sprain, right hand ligament tear, and status post right fifth digit surgery of 12/11/12. In PR-2 notes of 1/3/14 and 2/3/14 the patient has noted weakness, numbness, and tingling of the hand and fingers. A distal mallet deformity has been noted of the fifth digit with tenderness over the fifth MCP, PIP, and DIP joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine/Flurbiprofen (Dosage and quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Non-steroidal antiinflammatory agents (NSAIDs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Not applicable

Decision rationale: The records do not clearly state the proposed dosage/quantity of the planned ingredients, nor is it clear if this medication would be used orally or topically. Without

additional clarifying details, it is not possible to identify or apply a guideline. Therefore this request is not medically necessary.

Diclofenac/Tramadol (Dosage and quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Non-steroidal antiinflammatory agents (NSAIDS). Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment of Workers Compensation, Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Not applicable

Decision rationale: The records do not clearly state the proposed dosage/quantity of the planned ingredients, nor is it clear if this medication would be used orally or topically. Without additional clarifying details, it is not possible to identify or apply a guideline. Therefore this request is not medically necessary.