

Case Number:	CM15-0002469		
Date Assigned:	01/13/2015	Date of Injury:	12/04/2013
Decision Date:	03/16/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/06/2015

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: California, Washington

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 63-year-old female who reported injury on 12/04/2013. Prior therapies included physical therapy and attempts at cortisone injections. The mechanism of injury was noted to be cumulative trauma. Diagnoses were noted to include left cubital tunnel syndrome, rule out carpal tunnel syndrome, left thumb trigger finger with possible de Quervain's syndrome, and right carpal tunnel syndrome/de Quervain's syndrome. The documentation of 11/05/2014 revealed the injured worker had constant pain in the cervical spine that was aggravated by repetitive motions of the neck. The injured worker had intermittent pain in the right shoulder and frequent pain in the bilateral elbows, as well as significant left thumb pain. The physical examination revealed there was tingling and numbness into the anterior lateral shoulder and arm, lateral forearm and hand, greatest over the thumb and in the middle finger, which correlate with a C5-6, C6-7 dermatomal pattern. There was 4/5 strength in the deltoid, biceps, triceps, wrist flexors and extensors and finger extensors, the C5-7 innervated muscles. The biceps and triceps reflexes were asymmetric. The injured worker was noted to undergo x-rays of the left wrist on 01/17/2014, which revealed moderate osteoarthritis of the first carpal metacarpal joint. Specific medications that the injured worker was utilizing were not provided. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen calcium (Nalfon 400mg) Qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend NSAIDs for the short term symptomatic relief of pain. There should be documentation of objective functional improvement and an objective decrease in pain. Clinical documentation submitted for review indicated the injured worker had utilized this classification of medication. However, there was a lack of documentation of objective functional benefit and documentation of an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for fenoprofen calcium (Nalfon 400mg) qty 120 is not medically necessary.

Eszopiclone tablets 1mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Eszopiclone, Lunesta.

Decision rationale: The Official Disability Guidelines indicate that Lunesta is not recommended for long term use; however, it is recommended for short term use. There was a lack of documented rationale to support the use of the medication. There was a lack of documentation indicating the injured worker had insomnia. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for eszopiclone tablets 1mg #30 is not medically necessary.