

Case Number:	CM15-0011788		
Date Assigned:	01/29/2015	Date of Injury:	05/08/2013
Decision Date:	03/27/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/20/2015

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, Illinois
Certification(s)/Specialty: Internal 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 is a 59-year-old female who reported an injury on 05/08/2013 due to an unspecified mechanism of injury. On 11/13/2014, she presented for a followup evaluation. It was noted that she underwent a brain MRI and had been evaluated and treated by a psychological specialist. It was stated that she needed to go to pain management. Objective findings showed tenderness to the cervical spine at the C5-6. There was also tenderness to both shoulders, especially on the right side, and tenderness to both elbows and pain in both hands. It is to be noted that the document provided was handwritten and illegible. She was diagnosed with bilateral ulnar nerve compression of both elbows, impingement syndrome of both shoulders, and bilateral carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg x 45 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment index 9th Edition (web) 2011

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. The documentation provided does not support that the injured worker has a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, no official urine drug screens or CURES reports were provided for review to validate her compliance with her medication regimen. Furthermore, a refill of this medication would not supported without a re-evaluation and new prescription. Therefore, the request is not supported. As such, the request is not medically necessary.

Flector patch 1.3% x 45 and 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index 9th Edition (web) 2011

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Guidelines state that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. A clear rationale was not provided for the medical necessity of Flector patches. The documentation does not indicate that she has been intolerant to oral medications or that she has tried and failed recommended oral medications to support the request. Also, a refill would not be supported without a re-evaluation and there is a lack of evidence showing a satisfactory response to treatment. Therefore, the request is not supported. As such, the request is not medically necessary.