

<b>Case Number:</b>	CM15-0014597		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	01/30/2002
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for carpal tunnel syndrome reportedly associated with an industrial injury of January 30, 2002. In a Utilization Review Report dated January 8, 2015, the claims administrator failed to approve a request for "pharmacy purchase of medications." The claims administrator noted that the applicant had carried an alleged diagnosis of complex regional pain syndrome (CRPS) secondary to cumulative trauma at work. The applicant had received physical therapy, injection therapy, Biofeedback, surgery, medications, Botox injections, spinal cord stimulator implantation, and a carpal tunnel release surgery, it was acknowledged. The claims administrator did not invoke any guidelines in its determination. The claims administrator referenced a December 29, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated January 26, 2015, the applicant was apparently given a prescription for Norco owing to ongoing complaints of constant left upper extremity pain with associated allodynia. The applicant's work status was not furnished. On December 20, 2014, the applicant was given a prescription for Neurontin. Methadone was apparently discontinued. Ongoing complaints of left upper extremity pain were evident on this occasion. The applicant's complete medication list, however, was not detailed. In a handwritten note dated September 22, 2014, difficult to follow, not entirely legible, the applicant again reported ongoing issues with left upper extremity pain secondary to complex regional pain syndrome. Elavil and Ativan were endorsed. Once again, the applicant's complete medication list was not detailed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of medications (unspecified):** 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 Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatme.

**Decision rationale:** 1. No, the request for purchase of medication-unspecified was not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon an attending provider to incorporate some discussion of applicant-specific rationale variable such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider failed to clearly state which medications he intended to dispense. The attending provider did not include the applicant's complete medication list on any recent progress note. Therefore, the request was not medically necessary.