

Case Number:	CM15-0018409		
Date Assigned:	02/06/2015	Date of Injury:	11/28/2012
Decision Date:	03/30/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/30/2015

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, Arizona

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:

The injured worker is a 47-year-old female who reported an injury on 11/28/2012 due to an unspecified mechanism of injury. On 11/11/2014, she presented for a followup evaluation. She reported headaches, jaw pain, neck and upper and lower back pain, and pain in both hands. She stated that she did not feel that Norco 5 mg was as strong as Norco 10 mg in controlling her pain, but did report less side effects. She also reported pain in both wrists and hands and in the left heel. A physical examination showed right wrist tenderness and forearm tenderness with right medial and lateral epicondylar tenderness. There was tenderness in both of the upper arms and bilateral shoulders. Range of motion was noted to be decreased in the bilateral shoulders. She was also noted to have bilateral TMJ tenderness. She was diagnosed with chronic left and right hand pain with wrist sprain, chronic bilateral upper extremity pain, chronic cervical, thoracic, and lumbar pain, chronic polyarthralgias in the lower extremities, hypercholesterolemia, dyspnea, chronic left TMJ syndrome, cervicogenic TMJ related headache with migraine component, and anxiety related to chronic pain. The treatment plan was for Atarax 25 mg #120 with 3 refills. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Atarax 25 mg # 120 with 3 refills: 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) Pain (Chronic)

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 show that the injured worker is having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, official urine drug screens or CURES reports were not provided for review to validate her compliance with her medication regimen. Furthermore, the frequency of the medication was not stated within the request, and the request for 3 refills would not be supported without a re-evaluation to determine treatment success. Therefore, the request is not supported. As such, the request is not medically necessary.