MAXIMUS Federal Services

Case Number:	CM15-0127728		
Date Assigned:	07/14/2015	Date of Injury:	05/10/2011
Decision Date:	08/13/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	07/01/2015

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, New York, 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] beneficiary who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of May 10, 2011. In a Utilization Review report dated June 1, 2015, the claims administrator failed to approve a request for postoperative medications, name, type, dose, and frequency reportedly unknown. The claims administrator referenced a progress note dated May 29, 2015 in its determination. The applicant's attorney subsequently appealed. On April 7, 2015, the applicant was placed off of work, on total temporary disability. The applicant was apparently asked to continue medications and hold physical therapy. The note was handwritten, difficult to follow, not entirely legible, did not state what medication the applicant was using. In an RFA form dated May 29, 2015, right de Quervain's release surgery, a preoperative clearance evaluation, postoperative physical therapy, and unspecified postoperative medications were endorsed. In an associated handwritten progress note dated May 5, 2015, the applicant was asked to continue unspecified over-the-counter medications while remaining off of work, on total temporary disability. On June 2, 2015, the applicant was, once again, placed off of work, on total temporary disability. Once again, the applicant's 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:

Post Op Medications: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for unspecified postoperative medications was not medically necessary, medically appropriate, or indicated here. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider should tailor medications and dosages to the specific applicant taking into consideration applicant-specific variables such as comorbidities, other medications, and allergies. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also goes on to note that it is incumbent upon an attending provider to be knowledgeable regarding prescribing information. Here, thus, the request for unspecified postoperative medications ran counter to MTUS principles and parameters. The attending provider did not state what medications he was or was not prescribing. The applicant's medication list was not clearly outlined on multiple progress notes and RFA forms referenced above, interspersed throughout mid-2015. Therefore, the request was not medically necessary. While the request was framed as a postoperative request, MTUS 9792.23.b2 stipulates that the Postsurgical Treatment Guidelines in section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. Since page 7 of the MTUS Chronic Pain Medical Treatment Guidelines did address the issue at hand, it was therefore invoked. The request is not medically necessary.