

Case Number:	CM15-0070734		
Date Assigned:	04/20/2015	Date of Injury:	08/30/2013
Decision Date:	05/19/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/14/2015

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: Florida
Certification(s)/Specialty: Family Practice

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 55 year old female injured worker suffered an industrial injury on 08/30/2013. The diagnoses included right rotator cuff tear repair. The injured worker had been treated with physical therapy. On 3/9/2015 the treating provider reported numbness in bilateral hands and cited possible carpal tunnel syndrome and cubital tunnel syndrome for the right side with right upper extremity paresthesia. The treatment plan included Motrin and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Motrin 800mg, Qty: 30 tabs, 1 tab every 8-12 hours, number of refills: unlisted related to right upper extremity pain as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Pages: 64, 102-105, 66 Page(s): NSAIDS Pages: 64, 102-105, 66.

Decision rationale: In accordance with California MTUS guidelines, NSAIDs are recommended as an option for short-term symptomatic relief. These guidelines state, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend chronic use of NSAIDs due to the potential for adverse side effects. Likewise, this request for Motrin is not medically necessary.

Ultram 50mg, 1 tab at nighttime or as needed, qty: 20 tabs, number of refills: unlisted, related to right upper extremity pain as an outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 110-115 Page(s): Criteria for use of opioids, page(s) 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) if the patient has returned to work, (b) if the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. Likewise, this request is not medically necessary.