

Case Number:	CM14-0141515		
Date Assigned:	09/10/2014	Date of Injury:	12/11/2013
Decision Date:	10/20/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 32 year old female who is reported to have sustained an injury to the right wrist as a result of cumulative trauma on 12/11/13. The submitted clinical records indicate that she has undergone extensive conservative management which has included oral medications including opiates, hand therapy, physical therapy, and a trial of acupuncture without benefit. Radiographs of the right wrist dated 01/15/14 are reported as normal. MRI of the right wrist dated 02/14/14 reports mild tendinosis. EMG/NCV study dated 02/27/14 is reported as normal. The record contains a utilization review determination dated 08/06/14 in which requests for Tylenol #2 #30 with 4 refills and ligament strengthening injection #4 every 2 weeks for the right wrist were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #30 with 4 refills (Unspecified Dosage): 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 Opiates Page(s): 74-80.

Decision rationale: The request for Tylenol #2 #30 with 4 refills is not supported as medically necessary. The submitted clinical records indicate that the injured worker sustained a sprain injury to the right wrist on 12/11/13. She has undergone extensive conservative management with no benefit. It is further noted that the injured worker has been receiving opiates throughout the course of her treatment. The record contains no data regarding a signed pain management contract. There is no indication of routine random UDS to assess compliance. There is no documentation of CURES checks to validate prescriptions from a sole provider. There is no documentation of functional improvements with the use of this medication. As such, the continued use of Tylenol #2 would not be supported under California MTUS for chronic use of opiate medications.

Ligament Strengthening injection #4 (every 2 weeks) - Right Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Prolotherapy

Decision rationale: The request for ligament strengthening injections #4 every 2 weeks for the right wrist is not supported as medically necessary. The proposed injections would be considered prolotherapy which is not supported under evidence based guidelines. There is no data to establish that prolotherapy results in any substantive improvements. There are no substantive clinical trials which establish that prolotherapy is of benefit and as such, this procedure is considered largely experimental and investigational and therefore, not medically necessary.