MAXIMUS Federal Services

Case Number:	CM13-0013924		
Date Assigned:	03/26/2014	Date of Injury:	07/17/2012
Decision Date:	05/20/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/20/2013

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 Occupational 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 applicant is a represented [redacted] employee, who has filed a claim for trigger finger, carpal tunnel syndrome, lateral epicondylitis, and neck pain reportedly associated with an industrial injury of July 17, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; carpal tunnel release surgery on July 2, 2013; unspecified amounts of physical therapy; topical compounded agents; and extensive periods of time off of work. In a Utilization Review Report of August 13, 2013, the claims administrator denied a request for Omeprazole, Naprosyn, and topical compounded creams, stating that the applicant had not responded favorably to usage of Prilosec, and had not demonstrated functional improvement with Naprosyn, and that topical compounds were not recommended. A March 12, 2013, progress note, handwritten, difficult to follow, not entirely legible, is notable for comments that that the applicant was using oral Ibuprofen along with topical compounds and did remain off of work, on total temporary disability, at that point in time. A September 3, 2013 progress note was again notable for comments that the applicant was off of work, on total temporary disability. Naprosyn was renewed at that point. On August 6, 2013, the attending provider noted, in a handwritten progress note, that the applicant had a well-healed wound following carpal tunnel release surgery. Naprosyn, Prilosec and topical compounds were endorsed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk topic, Page(s): 69.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Omeprazole are indicated in the treatment of NSAID-induced dyspepsia. In this case, however, the information on file did not suggest that the claimant was having ongoing issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or standalone. The request for Omeprazole 20mg # 60 is not medically necessary and appropriate.

NAPROXEN: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70-73.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

Decision rationale: The MTUS/ACOEM guidelines in Chapter 11, Table 11-7, page 271, NSAIDs such as Naprosyn are "recommended" in the treatment of acute hand, wrist, and/or forearm issues as were present here on or around the date in question. The patient was approximately one month removed from the date of surgery on or around the date of Utilization Review Report. Usage of Naprosyn was indicated for postoperative pain relief purposes. The request for Naproxen is medically necessary and appropriate.

COMPOUND CREAMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: According to the MTUS/ACOEM Guidelines in chapter 3, page 47; oral pharmaceuticals are a first line palliative method. In this case, the patient's usage of first line oral pharmaceuticals such as Naprosyn effectively obviates the need for the topical compounds in question, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." The request for compound creams is not medically necessary and appropriate.