MAXIMUS Federal Services

Case Number:	CM13-0018367		
Date Assigned:	10/11/2013	Date of Injury:	02/15/2008
Decision Date:	09/18/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/29/2013

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas. 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 47-year-old female who reported an injury on 02/15/2008 after she was lifting a shopping cart at work and some days later felt a sharp pain in her right wrist. The injured worker had diagnoses of right wrist pain and sleep disturbance. The prior surgical procedure included a status post De Quervain's tenosynovitis repair. The diagnostic studies included electrodiagnostic studies of the bilateral upper extremities performed on 05/21/2009, carotid ultrasound performed on 10/23/2009, and nerve conduction studies of the medial and ulnar nerves were performed on 11/29/2005. The MRI dated 11/04/2010 of the right wrist was not available for review. The medications included Norco and Ambien. No VAS was provided. The physical examination dated 05/23/2013 of the right wrist revealed a well-healed scar over the radial bone. The range of motion of the fingers was within normal limits. Finkelstein's test was mildly positive with a bit of tenderness. The injured worker was able to supinate and pronate the hand. Grip strength was 4/5, palpable tenderness over the distal radial bone. Flexion/extension able to flex and extend the wrist, negative Tinel's, and a negative Phalen's test. The past treatments included acupuncture, physical therapy, medication, and wrist brace. The treatment plan included continued medication, referral for chiropractic physiotherapy, acupuncture, and followup in 6 weeks. The request for authorization dated 06/05/2012 was submitted with documentation. The rationale for the medication was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC 50MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68, 69.

Decision rationale: The MTUS Chronic Pain Guidelines recommends PPI's for the treatment of dyspepsia secondary to NSAID therapy. The clinical notes did not offer evidence of an ulcer or perforation. The request also did not address the frequency. As such, the request is not medically necessary and appropriate.

OMEPRAZOLE 20MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68, 69.

Decision rationale: The MTUS Chronic Pain Guidelines recommends PPI's for the treatment of dyspepsia secondary to NSAID therapy. The clinical notes did not offer evidence of an ulcer or perforation. The request also did not address the frequency. As such, the request is not medically necessary and appropriate.

NORCO 10/325: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The MTUS Chronic Pain Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical notes did not address the efficacy of function of the Norco. The injury was in 2008, the objective findings do not warrant an opioid medication to control pain. As such, the request is not medically necessary.

LABS AND URINE POC DRUG SCREEN, EVERY 3 MONTHS FOR 1 YEAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The MTUS Chronic Pain Guidelines recommend urine drug screening as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The documentation did not indicate opioid abuse or a history of illegal drug use. As such the request is not medically necessary.

3 FOLLOW-UP VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Pain Chapter: Office Visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines office visits - opioid management Page(s): 78, 79.

Decision rationale: The MTUS Chronic Pain Guidelines recommend a frequency of office visits for opioid management while in the trial phase of the first 6 months every week for 2 - 4 months, then every 2 weeks for the first 2 to 4 months. Additionally they indicate that according to the California Medical Board Guidelines for Prescribing Controlled substances for Pain, patients with pain who are managed with controlled substances should be seen monthly, quarterly, or semiannually as required by the standard of care. The injury was in 2008, the objective findings do not warrant an opioid medication to control pain. The documentation related to efficacy and functional abilities with and without opioid use was not documented. As such, the request is not medically necessary.