MAXIMUS Federal Services

Case Number:	CM13-0022477		
Date Assigned:	10/16/2013	Date of Injury:	10/28/2011
Decision Date:	06/10/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/10/2013

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 Family 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:

This injured worker's date of injury was 10/28/2011. The patient's treating physician was treating her for right wrist carpal tunnel syndrome treated surgically, right hand Dupuytren's contraction treated with surgery, post operative right hand tightness, and trigger finger of the right thumb and index. The treating physician's report from 8/6/'13 describes numbness and swelling of both hands. On exam of the right upper extremity there was a well healed palmar incision. The diagnoses included bilateral carpal tunnel, bilateral cubital tunnel syndromes, and right hand tenosynovitis. The treating physician requests cyclobenzaprine, naproxen, and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE Cyclobenzaprine 7.5mg #60 dispensed on 8/6/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: This patient is being treated for chronic pain of the upper extremities, specifically the hands and wrists. In addition, the patient has hand tightness. Cyclobenzaprine is a muscle relaxant, specifically, an antispasmodic. It is medically indicated for short courses of

therapy only. Its greatest effect is in the first 4 days of treatment. It is known to have side effects, including sedation, which limit its use in the long term. The request for cyclobenzaprine is not medically necessary.

RETROSPECTIVE Naproxen sodium 550mg #60 dispensed on 8/6/13: 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): 67-69.

Decision rationale: This patient is being treated for chronic pain of the upper extremities, specifically the hands and wrists. In addition, the patient has hand tightness. Naproxen is a non-steroidal anti-inflammatory drug (NSAID), which is recommended at the lowest dose for the shortest period in patients with moderate and severe pain syndromes. They are medically indicated for osteoarthritis, flair ups of low back pain, and acute sprains and other traumatic injuries. Long term use is associated with harms, including, gastrointestinal bleeding, exacerbation of heart failure, and kidney injury in patients with chronic kidney disease. Based on the documentation in this case, the request for naproxen is not medically necessary.

RETROSPECTIVE Omeprazole 20mg #60 dispensed on 8/6/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms Page(s): 68.

Decision rationale: This patient is being treated for chronic pain of the upper extremities, specifically the hands and wrists. In addition, the patient has hand tightness. Omeprazole is a proton pump inhibitor (PPI), which lowers stomach acid production. It is medically indicated in treating peptic ulcer disease and may be useful in lowering the risk of gastrointestinal complications in susceptible individuals taking certain medications known to increase the risk of GI complications, such as corticosteroids or NSAIDS. The documentation in this case did not contain any clinical data that shows that the patient was at risk of a GI complication from the treatments recommended by the treating physician. The request for omeprazole is not medically necessary.