

Case Number:	CM13-0029560		
Date Assigned:	11/01/2013	Date of Injury:	10/27/2009
Decision Date:	01/27/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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 patient is a 42-year-old male who reported an injury on 10/27/2009 from an unstated mechanism of injury. The patient's symptoms are noted as left wrist pain. It was also noted that he has chronic left wrist, hand, and arm pain. It was noted that he has been taking more than 1 ibuprofen per day to decrease his pain because he does not want to take too many of the Norco pills. It was noted that he was participating in a home exercise program that he was taught during physical therapy. Objective findings include a VAS pain score of 6/10, Tenderness to palpation over the dorsal surface and palm, limited active range of motion with extension to 10 degrees and flexion to 30 degrees, motor strength 3/5 grip, and a sensation deficit to light touch and pain was noted in the median nerve distribution. The diagnosis was noted as wrist pain and a plan was noted to start Lyrica for the neuropathic pain, increase the ibuprofen to 3 times a day, and add Prilosec due to his history of heartburn. The patient's medications were noted to be Lyrica 50 mg twice a day, ibuprofen 800 mg 3 times a day, Prilosec 20 mg 1 to 2 times a day, Norco 10/325 mg every 6 to 8 hours as needed, Zoloft 50 mg daily, and Voltaren gel 1% applied to affected area twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

prescription of Norco (Hydrocodone/APAP) 10/325mg, #1000 with two refills: 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 Section Opioids, Criteria for Use, On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines state that for ongoing management of patients who take opioid medications, detailed documentation is required to include the 4 A's for ongoing assessment. The 4 A's include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The patient has a diagnosis of wrist pain and is noted to be taking Norco 10/325 mg every 6 to 8 hours as needed. On his latest office visit note on 08/20/2013, it was noted that the patient was taking more ibuprofen because he did not want to take too many of the Norco pills. Detailed documentation of the patient's activities of daily living, side effects, and whether there are aberrant drug taking behaviors were not documented in the patient's medical records. With the absence of this documentation, as required by the guidelines for ongoing assessment of opioid medications, the request is not supported. Therefore, the request is non-certified.

prescription of Prilosec (Omeprazole) 20mg ER, #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: California MTUS Guidelines recommend a proton pump inhibitor for patients who are taking NSAIDs and have a high risk for gastrointestinal events. To determine if a patient is at risk for gastrointestinal events, the criteria are age greater than 65 years old, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or taking high doses or multiple NSAID medications. Although the patient is noted to be taking a high dose of an NSAID medication as ibuprofen 800 mg 3 times a day, and he was noted to have previous symptoms including heartburn, the documentation does not specify the patient is at high risk for a gastrointestinal event to meet guideline criteria. Therefore, the request for Omeprazole is non-certified.

prescription of Voltaren Gel 1% 30gm with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): 111-112.

Decision rationale: California MTUS Guidelines state that Voltaren gel 1% is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment such as ankle, elbow, foot, hand, knee, and wrist. Although the patient has been noted to have significant symptoms of pain as well as objective functional deficits related to the left wrist, the

documentation did not support the patient had findings of osteoarthritis to meet guideline indications for the medication. Therefore, the request is non-certified.