

Case Number:	CM13-0037366		
Date Assigned:	12/13/2013	Date of Injury:	01/08/2010
Decision Date:	02/03/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	09/27/2013

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 Internal Medicine and Pulmonary Diseases 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 55 year old female who reported an injury on 01/08/2010. The patient is currently diagnosed with probable early Kienbock's disease of the right wrist, carpal tunnel syndrome and ulnar nerve compression bilaterally, severe anxiety, insomnia, and status post right carpal tunnel release. The patient was recently seen by [REDACTED] on 10/24/2013. The patient reported 9/10 pain. Current medications include Norco and Prilosec. Physical examination revealed 40 degree dorsiflexion, 40 degree palmar flexion, 20 degree radial deviation, and 30 degree ulnar deviation of the right wrist with hypersensitivity. Treatment recommendations included continuation of current medication and a urine toxicology test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and

functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized this medication. Documentation of satisfactory response to treatment has not been indicated. The patient continues to present with high levels of pain. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is noncertified.

Prilosec 20mg qty 90: Upheld

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

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

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. As per the clinical notes submitted, there is no documentation of gastrointestinal complaints nor is there evidence of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not currently meet criteria for a proton pump inhibitor. As such, the request is noncertified.

Urinalysis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence or risk stratification, including the use of a testing instrument. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, the patient's injury was over 3 years ago to date, and there is no evidence of noncompliance or misuse of medication. There is no evidence that this patient falls under high-risk category that would require frequent monitoring. Therefore, the medically necessary has not been established. As such, the request is noncertified.