

Case Number:	CM13-0037872		
Date Assigned:	12/18/2013	Date of Injury:	07/01/2013
Decision Date:	02/20/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/24/2013

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 Neurology, has a subspecialty in Neuromuscular 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 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:

██████████ is a 56 year old man who sustained a work related injury on July 1, 2015. Subsequently the patient developed constant and severe pain on the right wrist with 8/10 intensity. According to ██████████ notes dated on October 8, 2013, the patient reported to severe right wrist pain with numbness, tingling, cramping aggravated by cold weather. Physical examination demonstrated that grip strength caused pain. Right wrist range of motion was reduced. Positive Phalen's test, positive Tinel's sign, positive Prayer sign and positive Durkan's sign on the right upper extremity. There is moderate thenar atrophy in the right side. There is reduced at sensation in the territory of the right median. An Electromyogram (EMG) and Nerve Conduction Studies was performed on September 24, 2013 and demonstrated no evidence of carpal tunnel syndrome or radiculopathy. The patient was diagnosed with right carpal tunnel syndrome and right upper extremity overuse. The patient was treated with tramadol; Naproxen; Omeprazole; Terocin patch; TENS and Docuprene. According to the notes of ██████████ on October 8, 2013 there was no change on the pain severity of the patient on the elbow medications. The provider requested authorization to continue the medications mentioned above.

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IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS) guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." Although, Ultram may be needed to help with the patient pain, there is no clear evidence of objective and recent functional and pain improvement. The note of Dr [REDACTED] on October 8 2013 reported that the patient did not improve after 3 months of Ultram use. In addition, there is no documentation of patient's compliance to Ultram. Therefore Tramadol is not medically necessary at this time.

Naproxen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section: Naproxen Page(s): 66.

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS) guidelines, naproxen is indicated for relief of pain related to osteoarthritis and back pain for the lowest dose and shortest period of time. There no clear and recent evidence that the patient responded of previous use of napeoxen. Furthermore, there is no plan of treatment to use the medication at its lowest dose and shortst period of time. The note of [REDACTED] on October 8 2013 reported that the patient did not improve after the use of naproxen. Based on the above, prescription of Naproxen is not medically necessary.

Omeprazole: 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): 102.

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS) guidelines, Omeprazole is indicated when Nonsteroidal anti-inflammatory drugs (NSAID) are used in patients with intermediate or high risk for gastrointestinal events . The risk for gastrointestinal events are: "(1) age > 65 years; (2) history of peptic ulcer, gastrointestinal bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple Nonsteroidal anti-inflammatory drugs (NSAID) (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. In addition the patient did not respond to naproxen which was not certified (See above), therefore there is no need for naproxen and for Omeprazole. Based on the above, Therefore, Omeprazole prescription is not medically necessary.

Docuprene: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid induced constipation treatment.

Decision rationale: According to Official Disability Guidelines (ODG) guidelines, Docuprene is recommended as a second line treatment for opioid induced constipation. The first line measures are : increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient file that the patient developed constipation and if the first line measurements were used. Therefore the use of Docuprene is not medically necessary.

Terocin patches: Upheld

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

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

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS), in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to California Medical Treatment Utilization Schedule (MTUS) guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Terocin patch contains capsaicin a topical analgesic not recommended by California Medical Treatment Utilization Schedule (MTUS). Based on the above Terocin is not medically necessary.

TENS unit following a one month trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS) guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that the patient responded to one month TENS trial. In Furthermore, there is no evidence that a functional restoration program is planned for this patient. Therefore, the prescription of Continue TENS unit following a one month trial is not medically necessary.