

Case Number:	CM13-0037985		
Date Assigned:	12/18/2013	Date of Injury:	12/08/2010
Decision Date:	04/30/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/24/2013

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, has a subspecialty in Interventional Spine 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:

The patient is a 34 year old female with date of injury of 12/08/2010. The listed diagnoses per [REDACTED] dated 07/09/2013 are: 1. Bilateral intersection syndrome 2. Bilateral de Quervain's tenosynovitis 3. Status post left de Quervain's release, 2012 4. Bilateral ulnar neuropathy at the elbows 5. Right wrist status post de Quervain's release According to the progress report dated 07/09/2013, the patient complains of left elbow pain. The physical examination shows the left lateral elbow is tender to palpation with a mild effusion. The right elbow is also mildly tender to palpation. Range of motion is decreased in the left wrist and edema was noted on the right wrist. The treating physician is requesting omeprazole, ketoprofen, Norco, and Medrox ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

The retrospective request for Omeprazole 20mg, delayed release, QTY 30 capsules between 9/17/13 and 9/17/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Compensation, Online Edition, Chapter on Pain, Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: This patient presents with bilateral elbow pain. This patient is status post right and left wrist de Quervain's release. The treating physician is requesting a retrospective decision for omeprazole. Review of 71 pages of records does not show any reference to the use of Omeprazole or when the patient started taking this prescription. None of the reports provided for review show any documentation of GI issues or adverse side effects from NSAID use. The MTUS Guidelines page 68 and 69 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events; (1) age is greater than 65 years, (2) history of peptic ulcer or GI bleed or perforation, (3) concurrent use of ASA or corticosteroids and/or anticoagulant, (4) high dose multiple NSAIDs. In this case, there is no documentation of any adverse side effects from the use of NSAIDs, no history of GI risk factors, no GI risk assessment. Therefore, recommendation is for denial.

The retrospective request for Ketoprofen 75 mg, QTY 60 capsules between 9/17/13 and 9/17/13: 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 Medications for Chronic Pain Page(s): 60-61.

Decision rationale: This patient presents with bilateral elbow pain. This patient is status post right and left wrist de Quervain's release. The treating physician is requesting a retrospective decision for Ketoprofen, an NSAID. Review of records show that the patient has been taking Ketoprofen since 06/12/2012. The MTUS guidelines, page 60 and 61 require evaluation of the effect of pain relief in relationship to improvements in function and increased activity when using medications for chronic pain. MTUS page 67 and 68 on neuropathic pain states "There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis." In this case, since starting this medication on 06/12/2012, there is no documentation as to what this medication has done for pain and function. Without some documentation of medication efficacy, on-going use cannot be recommended. Therefore, recommendation is for denial.

The retrospective request for Norco 5/325mg, QTY 60 Tablets between 9/17/13 and 9/17/13: 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 Medications for Chronic Pain Page(s): 60-61.

Decision rationale: This patient presents with bilateral elbow pain. This patient is status post right and left wrist de Quervain's release. The treating physician is requesting a retrospective decision for Norco. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every 6 months. Documentation of 4 A's (analgesia, ADLs, adverse side effects, adverse behaviors) are also required. Furthermore, under outcome measures, MTUS recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, et cetera. Review of 71 pages of records do not show when the patient started taking Norco. None of the reports provided show any documentation of medication efficacy nor pain assessment using a numerical scale describing the patient's pain and function. No outcome measures are provided and no activities of daily living (ADL's) related to medication use. Given the lack of documentation demonstrating efficacy from opiate use, recommendation is for denial.

The retrospective request for on prescription of Medrox pain relief ointment between 9/17/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: This patient presents with bilateral elbow pain. This patient is status post right and left wrist de Quervain's release. The treating physician is requesting a retrospective decision for Medrox pain relief ointment. MTUS page 111 to 113 states for topical analgesics: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS further states that for Capsaicin "there have been no studies of a 0.0375% formulation of capsaicin and that there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." Medrox ointment is a compounded topical analgesic containing menthol 5%, capsaicin 0.0375%, and Methyl Salicylate, an NSAID. In this case, the capsaicin is not recommended above 0.025% concentration. Recommendation is for denial.