MAXIMUS Federal Services

Case Number:	CM13-0044501		
Date Assigned:	12/27/2013	Date of Injury:	08/17/2010
Decision Date:	11/04/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/30/2013

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 Occupational 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:

The applicant is a represented [redacted] employee who has filed a claim for chronic hand and finger pain reportedly associated with an industrial injury of August 17, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical agents; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 23, 2013, the claims administrator denied a request for Naprosyn, denied a urine drug screen, denied Prilosec, and denied Neurontin. The claims administrator alluded to a paucity of supporting information and supporting documentation and stated that there was no evidence that the applicant was currently symptomatic as of the date the request was initiated. The applicant's attorney subsequently appealed. In a handwritten September 24, 2014 progress note, the applicant presented with persistent complaints of hand, finger, and wrist pain. It was acknowledged that the applicant was currently not working. The applicant was asked to pursue additional physical therapy. Naprosyn, omeprazole, Flexeril, Neurontin, Voltaren, and Menthoderm gel were endorsed. It was stated that the Neurontin was being employed for numbness. Urine drug testing of June 26, 2014 was positive for opioids and seemingly negative for all other items on the panel. On March 18, 2014, the applicant underwent more elaborate drug testing, which included testing for 7 different amphetamine metabolites, 15 different benzodiazepine metabolites, and 20 different opioid metabolites. It appeared that confirmatory and quantitative testing was performed on this occasion as well as on another occasion, April 16, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550MG, 1 TAB TWICE A DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22; 7. Decision based on Non-MTUS Citation MTUS 9792.20f

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medication such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic hand, finger, and wrist pain reportedly present here, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the handwritten progress notes referenced above failed to contain any explicit discussion of medication efficacy. There was no mention of any reduction in pain scores achieved as a result of ongoing Naprosyn usage. There was no mention of any improvements in functionality achieved as a result of ongoing Naprosyn usage. The applicant was off of work. All the above, taken together, implies a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Naprosyn. Therefore, the request is not medically necessary.

URINE DRUG SCREEN: Upheld

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

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

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for nor does it identify a frequency with which to perform drug testing. As noted in ODG's Chronic Pain Chapter, urine drug testing topic, an attending provider should clearly state which drug tests and/or drug panels he intends to test for, identify when the last time the applicant was tested, attempt to conform to the best practice of the [redacted] when performing testing, and eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context. In this case, however, the attending provider did not seemingly attach the applicant's complete medication list to the request for authorization for testing. The attending provider did not discuss the drug test results in his progress notes, referenced above. The attending provider did not state when the applicant was last tested. The attending provider did apparently perform confirmatory and

quantitative testing involving multiple non-standard opioid, benzodiazepine, and antidepressant metabolites. Since several ODG criteria for pursuit of drug testing were seemingly have not been met, the request is not medically necessary.

OMEPRAZOLE 20MG, 1 TAB DAILY: 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, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of proton-pump inhibitor such as omeprazole to combat issues with NSAID-induced dyspepsia, in this case, however, the handwritten progress notes on file make no mention of any issues with dyspepsia, reflux, and/or heartburn, either NSAID-induced or stand-alone. Therefore, the request is not medically necessary.

NEURONTIN 600MG, 1 TAB THREE TIMES A DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin (Neurontin) should be asked "at visit" as to whether there have been improvements in pain and/or function achieved effective with the same. In this case, while the attending provider did state that the applicant had symptoms of numbness and tingling about the hand and finger, the attending provider did not state how (or if) prior usage of Neurontin had proven beneficial here. The applicant had seemingly failed to return to work. The attending provider's handwritten progress note failed to recount any material improvements in function achieved as a result of ongoing gabapentin (Neurontin) usage. Therefore, the request is not medically necessary.