

Case Number:	CM13-0050899		
Date Assigned:	12/27/2013	Date of Injury:	02/24/2009
Decision Date:	05/08/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/13/2013

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 has filed a claim for carpal tunnel syndrome, elbow pain, wrist pain, elbow epicondylitis, neck pain, low back pain, and shoulder pain reportedly associated with cumulative trauma at work between the dates of November 24, 2009 through February 24, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; carpal tunnel release surgery; transfer of care to and from various providers in various specialties; and muscle relaxants. In an October 8, 2013 letter, the attending provider notes that the applicant underwent a carpal tunnel release surgery. The date of surgery was not provided. The attending provider sets forth a request for a cold therapy unit for postoperative use purposes. In an earlier note of September 10, 2013, handwritten, sparse, not entirely legible, the applicant is described as two weeks status post right carpal tunnel release surgery. The note is quite difficult to follow and is not entirely legible. Sutures are removed. Steri-Strips are placed. The applicant is asked to continue home exercises. Physical therapy is sought. The applicant is placed off of work, on total temporary disability. Flexeril, Prilosec, and Norco were endorsed, along with chiropractic manipulative therapy and a wrist brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #30, BETWEEN 10/8/13 AND 10/8/13: Upheld

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

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

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors, such as omeprazole, are indicated in the treatment of NSAID-induced dyspepsia. In this case, however, there is no evidence of dyspepsia, reflux, and/or heartburn, either NSAID-induced or stand-alone. The documentation provided is sparse, handwritten, not entirely legible, and difficult to follow. There is no mention made of dyspepsia, reflux, or heartburn on the immediately preceding progress note. Therefore, the request is not certified, on Independent Medical Review.

HYDROCODONE BIT/ACET 10325MG #120, BETWEEN 10/8/13 AND 10/8/13:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

Decision rationale: The applicant was apparently two weeks status post carpal tunnel release surgery as of the date of the request and was approximately four to six weeks status post carpal tunnel release surgery as of the date of the Utilization Review Report. Steri-Strips were apparently removed on the office visit on which hydrocodone was requested. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, a short course of opioid is optional to treat forearm, hand, and wrist complaints, as were present here, postoperatively. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review as the applicant was recently removed from hand surgery on or around the date of the request and Utilization Review Report.

CYCLOBENZAPRINE HCL 7.5MG #60, BETWEEN 10/8/13 AND 10/8/13.: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, there is a role for brief, postoperative usage of cyclobenzaprine. In this case, the applicant was recently removed from hand surgery on or around the day of the request, in September 2013 and the date of the Utilization Review Report, in October 2013. Postoperative usage of cyclobenzaprine was therefore indicated. Accordingly, the original utilization review decision is overturned. The request is certified.