

Case Number:	CM13-0057101		
Date Assigned:	12/30/2013	Date of Injury:	01/08/2013
Decision Date:	04/10/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/25/2013

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 chronic wrist and elbow pain associated with an industrial injury of January 8, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; topical applications of heat and cold; an elbow strap; and extensive periods of time off of work, on total temporary disability. In a progress note of October 2, 2013, the applicant presented with elbow and wrist pain. The applicant stated that pain scores were 6/10. Mild atrophy was noted about the first compartment of the hand with a positive Finkelstein maneuver. The applicant was asked to continue Norco, Neurontin, Naprosyn, and Prilosec while remaining off of work, on total temporary disability. It was stated that the medications were reportedly helping the applicant's pain outcome, although this was not expounded upon. An earlier note of August 21, 2013 was again notable for comments that the applicant reported 6/10 elbow and wrist pain. The applicant was placed off of work, on total temporary disability, at that point in time. The same medications, Norco, Neurontin, Naprosyn, and Prilosec were endorsed on that date. It was stated that Prilosec was endorsed for gastric protection purpose.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of the same. In this case, however, these criteria have not seemingly been met. The applicant's pain scores are seemingly unchanged from visit to visit. The applicant has failed to return to work. There is no evidence of improved function affected as a result of ongoing opioid therapy. The attending provider has not quantified the degree of analgesia affected as a result of ongoing Norco usage. Therefore, the request is not certified, for all of the stated reasons.

PRILOSEC 20MG #60: 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 Page(s): 68.

Decision rationale: The attending provider has indicated that he intends to employ Prilosec, a proton-pump inhibitor, for gastric protection purposes. However, as noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, those applicants who are at risk for gastrointestinal events include those individuals who are age 65 years of age or greater, have history of peptic ulcer disease, is using multiple NSAIDs, and/or is using NSAIDs in conjunction with corticosteroids. In this case, however, the applicant is only using one NSAID, Naprosyn. The applicant is not 65 years of age or greater. The applicant is not using NSAIDs in conjunction with corticosteroids. MTUS criteria for prophylatic usage of proton pump inhibitors have not been met. Therefore, the request for Prilosec is not certified, on independent medical review.