

Case Number:	CM13-0060660		
Date Assigned:	12/30/2013	Date of Injury:	06/07/2011
Decision Date:	05/07/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/03/2013

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 Orthopedic Surgery 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:

According to the records made available for review, this is a 67-year-old female with a 6/7/11 date of injury. At the time (11/1/13) of request for authorization for Prilosec 20 MG, Fexmid 7.5, and durable medical equipment purchase-TENS, there is documentation of subjective (left wrist/hand pain, on and off flare ups of right shoulder and neck pain, and low back pain) and objective (swelling over the left wrist/hand, tenderness to palpation over the carpal bones and extensor tendons, and decreased range of motion in all planes with pain) findings, current diagnoses (left wrist/thumb sprain/strain with possible carpometacarpal ulnar collateral ligament tear with left thumb metacarpophalangeal joint capsulitis), and treatment to date (physical therapy, TENS unit, and medications (including Prilosec since at least 4/15/13 and Fexmid since at least 11/27/12)). Regarding Prilosec 20 MG, there is no documentation of GI disorders (gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Regarding Fexmid 7.5, there is no documentation of acute muscle spasm; the intention to treat over a short course (less than two weeks); and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Fexmid use to date. Regarding durable medical equipment purchase-TENS, there is no documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use).

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20 MG: 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 & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines (ODG) identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Protonix. Within the medical information available for review, there is documentation of diagnoses of left wrist/thumb sprain/strain with possible carpometacarpal ulnar collateral ligament tear with left thumb metacarpophalangeal joint capsulitis. In addition, there is documentation of ongoing treatment with Prilosec. However, there is no documentation of GI disorders (gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy). Therefore, based on guidelines and a review of the evidence, the request for Prilosec 20 MG is not medically necessary.

FEXMID 7.5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle Relaxant

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies that Cyclobenzaprine is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines (ODG) identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of left wrist/thumb sprain/strain with possible carpometacarpal ulnar collateral ligament tear with left thumb metacarpophalangeal joint capsulitis. However, there is no documentation of acute muscle spasm. In addition, given documentation of records reflecting prescriptions for Fexmid since at least 11/27/12, there is no

documentation of the intention to treat over a short course (less than two weeks). Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Fexmid use to date. Therefore, based on guidelines and a review of the evidence, the request for Fexmid 7.5 is not medically necessary.

DURABLE MEDICAL EQUIPMENT PURCHASE-TENS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-117.

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of left wrist/thumb sprain/strain with possible carpometacarpal ulnar collateral ligament tear with left thumb metacarpophalangeal joint capsulitis. In addition, there is documentation of conservative treatment (including TENS unit). However, there is no documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use). Therefore, based on guidelines and a review of the evidence, the request for durable medical equipment purchase-TENS is not medically necessary.