

Case Number:	CM13-0070027		
Date Assigned:	01/03/2014	Date of Injury:	03/18/2004
Decision Date:	05/29/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/24/2013

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 & Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is 53-year-old female who reported an injury on 03/18/2004; the mechanism of injury was not provided in the medical records. A physical examination was performed on 09/24/2013, which showed positive Tinel's and Phalen's on the right wrist, grip strength was reduced and sensation was reduced to the right median nerve distribution. The examination of the cervical spine showed paravertebral muscles were tender, spasms were present and range of motion was restricted. The injured worker had a positive Spurling's test to the right and sensation was reduced in the right hand. The diagnoses included right carpal tunnel syndrome and rule out cervical radiculopathy. The progress report from 08/13/2013 noted the injured worker's pain to her left hand was rated 3/10 and her right hand pain was rated 6-7/10. An electromyography (EMG)/NCS (nerve conduction study) was performed on 06/12/2013 and showed no electro-neurographic indicators of carpal tunnel syndrome or ulnar neuropathy noted in the upper extremities and no electromyographic indicators of acute cervical radiculopathy were noted. The request for authorization was submitted 09/24/2013 for Omeprazole DR 20mg #30 and Medrox pain relief ointment for right carpal tunnel syndrome; rule out cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE DR 20MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 68.

Decision rationale: The documentation provided for review does not support the need for Omeprazole. According to the California MTUS guidelines, the use of a proton pump inhibitor (PPI) (such as Omeprazole) should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by non-steroidal anti-inflammatory drugs (NSAIDs). In this case, the documentation does not describe current gastrointestinal symptoms which would indicate the need for the treatment rendered thus far. The documentation provided does not describe risk factors for gastrointestinal events including a history of gastrointestinal bleed, peptic ulcers, or perforation to warrant prophylaxis. Therefore, the request is non-certified.

MEDROX PAIN RELIEF OINTMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112-105.

Decision rationale: The 09/24/2013 progress note indicated the injured worker reported that her symptoms had improved greatly and she continues to take pain medication. Medrox ointment is comprised of Methyl Salicylate, Menthol, and Capsaicin. According to the California MTUS guideline methyl salicylate is recommended. According to the California MTUS guidelines, capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The MTUS also state that there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The MTUS also states that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." There was no documentation submitted regarding the injured worker's previous treatments. It was unclear if the injured worker was unresponsive to or intolerant of other treatments. It did not appear the injured worker had a diagnosis which would indicate their need for capsaicin. Therefore, the request is non-certified.