

Case Number:	CM14-0000365		
Date Assigned:	01/10/2014	Date of Injury:	01/11/2003
Decision Date:	04/22/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/02/2014

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 Internal Medicine and is licensed to practice in Arizona. 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 a 62 year old woman with a date of injury on 1/11/03 with resulting pain in both hands and wrists. She is diagnosed with bilateral carpal tunnel syndrome (CTS) and left DeQuervains Condition (DC). She has had surgical release of the left side DC. She has chronic pain at this time and hasn't worked since 3/03. A primary orthopedic provider manages her condition and has prescribed Naproxen 550mg, Prilosec 20mg and Lidoderm patches for the pain. This treatment was prescribed on 12/6/13. On 12/23/13 a utilization review was done and the use of Naproxen, Prilosec and Lidoderm patches were denied as not medically necessary. Multiple provider encounters are reviewed including 12/6/13. At that time the injured worker complained of pain and loss of motion. Exam showed "tenderness and loss of motion" without any more specifics. There is no documentation of any dyspepsia or other symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 67-69.

Decision rationale: There is no documentation that the patient has had any gastrointestinal symptoms from the use of NSAIDs or that they have any risk factors for gastrointestinal events. According to the MTUS the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and is at high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. The patient does not have any symptoms that would suggest gastritis and there is no documentation that she has any risk factors for adverse gastrointestinal events. The use of Prilosec is not medically necessary.

NAPROXEN 550MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-264, Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 67-69.

Decision rationale: The patient is being treated for CTS and DQ condition which Naproxen and Lidoderm patches. According to the MTUS Naproxen is used for treatment of low back pain and osteoarthritis. There is inconsistent evidence for the use of Naproxen when treating long-term neuropathic pain. When treating both DQ condition and CTS acetaminophen is used as a first line agent as it is the safest medications. NSAIDS including aspirin and ibuprofen can be used as a second line medication. The use of Naproxen when treating CTS and DQ condition is not medically necessary.

LIDODERM PATCHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113.

Decision rationale: According to the MTUS section on chronic pain topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or and AED (Gabapentin or Lyrica). Not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. The use of Lidoderm patches in this patient with CTS and DQ condition is not medically necessary.