

Case Number:	CM14-0009415		
Date Assigned:	02/14/2014	Date of Injury:	07/14/2003
Decision Date:	10/09/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/22/2014

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 Neurological 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:

The record notes a 41-year-old female with a date of injury of July 14, 2003. The record indicates the injured has been diagnosed with lumbar radiculopathy, chronic 1st metacarpophalangeal (MCP) joint dislocation, internal derangement of the right wrist, and a right common extensor tendon rupture. An MRI of the left wrist was obtained in November 2013 demonstrating a seven millimeter ganglion cyst in the dorsum of the wrist, and findings that were consistent with a prior carpal tunnel release. The injured complaints of bilateral wrist pain and hand pain with spasm and masses noted on the 2nd digit. Regarding the low back, the record indicates the injured worker is not getting any form of therapy. Difficulty sitting without pain is reported. On physical examination, range of motion of the lumbar spine is restricted and tenderness of the paravertebral muscles is noted with spasm. Straight leg raise is positive on the right. Deep tendon reflexes (DTRs) are normal and symmetrical. The record indicates the joint has the appearance of dislocation with a slight flexion contracture. Tenosynovitis appears to be present. Physical examination of the right elbow notes tenderness to palpation of the lateral elbow and laxity, with varus stress. Right wrist examination reveals tenderness to palpation of the joint line, a reduced grip strength, and crepitus with movement of the wrist. Diagnoses include lumbar radiculopathy, chronic 1st metacarpophalangeal (MCP) joint dislocation, right wrist internal derangement, and right wrist and extensor tendon rupture. The treatment recommendation is for an MRI of the left hand, and therapy, a refill of Omeprazole, and increase in the injured's Norco from 5/325 to 10/325, and Carisoprodol 350 mg one by mouth twice daily. Additionally, the drug pain relief ointment is provided to be applied to the affected area twice daily. A prior review resulted in a recommendation for non-certification on 12/23/13. The record indicates the current medication regimen is not adequately managing the pain. The record

indicates the provider will increase the dose and the injured worker has an appointment to follow up with an orthopedic hand surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPROZOLE DR 20 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a GI disorder. Additionally, the record does not indicate that the claimant has a significant risk factor for potential GI complications, as outlined by the California Medical Treatment Utilization Schedule. Therefore, the use of this medication is not clinically indicated.

CARISOPRODOL 350 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Soma (Carisoprodol) is a muscle relaxing type medication whose active metabolite is meprobamate which is highly addictive. This is not a first-line drug and the long-term use is not supported by the literature. A review of the medical record indicates that at the prior 2 visits Carisoprodol was not listed as a medication. At the time this prescription was provided, it does not appear that the claimant had previously been on Soma, and the record indicates that the claimant's symptoms were not under control with the Norco and tramadol that the claimant was previously on. When noting that this medication is not being used as a first-line drug, and the medical record provides no documentation that this drug is being used on a long-term basis, then when considering the uncontrolled pain, there is a clinical indication for this medication for short term use only. With this, the request is not medically necessary.

MEDROX PAIN OINTMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111.

Decision rationale: Medrox ointment is a topical analgesic ointment containing Methyl Salicylate 20.00%, Menthol 5.00%, Capsaicin 0.0375%. The MTUS notes that topical analgesics are largely experimental and there have been few randomized controlled trials. Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Based on the clinical documentation provided, there is no documentation that a previous trial of oral antidepressant or anticonvulsant has been attempted. As such, in accordance with the California Medical Treatment Utilization Schedule, the requested medication is not medically necessary.