

Case Number:	CM14-0010546		
Date Assigned:	02/21/2014	Date of Injury:	10/03/2011
Decision Date:	08/05/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/27/2014

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 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 patient is a 38-year-old male who has filed a claim for wrist sprain/strain associated with an industrial injury date of October 03, 2011. Review of progress notes indicates left upper extremity pain, occasional headaches, and increased frequency of nose bleeding without blowing the nose. Each episode of nose bleed lasts 5-10 minutes. Findings include tenderness and decreased range of motion of the right wrist. MRI of the left wrist from June 16, 2012 showed post-traumatic wrist arthritis, torn distal pisotriquetral capsular ligamentous complex, and mild extensor carpi ulnaris tendinosis. CT of the left wrist dated June 13, 2013 showed no significant degenerative changes; and an ossicle in the soft tissues dorsal to the triquetrum-hamate articulation, either congenital or secondary to old trauma. Treatment to date has included NSAIDs, cortisone injection into the fourth CM joint, topical analgesics, topiramate, TENS, and wrist bracing. Utilization review from January 03, 2014 denied the requests for omeprazole 20mg as there was no documentation that the patient has GI risk factors, and is not on high dose NSAIDs; topiramate 50mg as there was no documentation of neuropathy; and functional capacity evaluation as there was no documentation of unsuccessful return to work attempts or of conflicting medical reporting for modified duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (nonsteroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (nonsteroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. Patient has been on this medication since at least October 2012. Patient notes 40-50% of pain relief with the current medication regimen. Continuation of this medication is reasonable at this time to manage the patient's pain symptoms, as it is likely to avoid surgery as much as possible in this patient. Previous utilization review determination, dated January 03, 2014, has already certified this request for #60. Therefore, the request for naproxen 550mg is not medically necessary.

OMEPRAZOLE 20 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors should be prescribed in patients on NSAID therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. Patient has been on this medication since at least October 2012. Progress notes indicate that the patient has a history of gastritis. However, there is no documentation regarding the patient's current GI symptoms or of derived benefits with the use of this medication to support the continued use of this medication. Also, the requested quantity is not specified. Therefore, the request for omeprazole 20mg was not medically necessary.

TOPIRAMATE 50 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Chronic: Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Antiepilepsy drugs (AEDs) Page(s): 16-21.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Topiramate is considered for use for neuropathic pain when other anticonvulsants fail. Patient

has been on this medication since August 2013. There is no documentation of neuropathic pain in this patient. Therefore, the request for topiramate 50mg was not medically necessary.

FUNCTIONAL CAPACITY EVALUATION #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty chapter, Functional capacity evaluation (FCE) ACOEM CHAPTER 7, Functional Capacity Evaluations, (FCEs), pages 132-139.

Decision rationale: As stated on pages 132-139 of the ACOEM Guidelines, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. FCEs may establish physical abilities and facilitate the return to work. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. According to ODG, functional capacity evaluations (FCEs) are recommended prior to admission to a work hardening program, with preference for assessments tailored to a specific task or job. They are not recommended for routine use as part of occupational rehab or screening, or generic assessments. Consider an FCE if case management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting on precautions or fitness for modified job, and injuries that require detailed exploration of a worker's abilities. In this case, there is no documentation of complications regarding return-to-work issues to support this request. Therefore, the request for functional capacity evaluation was not medically necessary.