

Case Number:	CM14-0011366		
Date Assigned:	05/30/2014	Date of Injury:	01/13/2012
Decision Date:	07/11/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/28/2014

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 37-year-old male who has filed a claim for CRPS (Complex Regional Pain Syndrome) type II of the right upper extremity associated with an industrial injury date of January 13, 2012. Review of progress notes indicates right wrist, hand, and upper extremity swelling, burning, and dysesthesia; left upper extremity guarding and pain; left thigh and leg pain; and left lumbosacral pain. Findings of the right upper extremity include tenderness and decreased range of motion of the left shoulder, swelling from the fingertips to the shoulder, tenderness of the forearm, decreased range of motion of the wrist and fingers, fingers in an adducted position, shiny skin over the dorsum of the hand, atrophic nails, cool hand, and delayed capillary refill. There is dysesthesia in digits 2 to 5. Findings of the left upper extremity include tenderness of the shoulder with mildly positive impingement sign, decreased range of motion of the shoulder, and tenderness of the elbow and forearm. Regarding the low back, there was tenderness of the left lumbosacral area and the left anterolateral thigh, with decreased range of motion. Treatment to date has included Non-Steroid Anti-Inflammatory Drugs (NSAIDs), opioids, Lyrica, gabapentin, anti-depressants, physical therapy, home exercises, elastic sleeves, and right stellate ganglion injection. Patient had surgery to the right 4th digit in January 2012, with consequent development of CRPS type II of the right upper extremity. Utilization review from January 13, 2014 denied the request for replacement/new elastic sleeves purchase. There was modified certification for Norco 10/325 for #25; naproxen 550mg for one month's supply; omeprazole 2mg one month's supply; and Promolaxin 100mg one month's supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #50: 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 Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: As noted on page 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since at least June 2013. Patient reports decreased pain level and increased ability to perform activities of daily living with opioid medications. However, the documented symptoms and findings per progress notes did not significantly improve while on this medication. Also, there was no documentation of periodic urine drug screens to monitor medication use. Therefore, the request for Norco 10/325mg #50 was not medically necessary.

NAPROXEN 550MG: 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 NSAIDs (nonsteroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: As stated in 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 June 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. The requested quantity is not specified. Previous utilization review determination, dated January 13, 2014, has already certified this request for one month's supply. Therefore, the request for naproxen 550mg was not medically necessary.

OMEPRAZOLE 2 MG: 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 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 are used in patients on NSAID therapy who are at risk for GI events. Risk factors include 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 (Proton Pump Inhibitor) more than 1 year has been shown to increase the risk of hip fracture. Patient has been on this medication since at least June 2013, as there is note of GERD (Gastroesophageal Reflux Disease) symptoms with medication use. However, the requested quantity is not specified, and there is no 2mg preparation of omeprazole. Previous utilization review determination, dated January 13, 2014, has already certified this request for one month's supply. Therefore, the request for omeprazole 2mg was not medically necessary.

PROMALAXIN 100MG: 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 Opioids, criteria for use, Initiating therapy Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Docusate).

Decision rationale: According to page 77 of CA MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated. The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; for prophylaxis in patients who should not strain during defecation; to evacuate the colon for rectal and bowel examinations; and for prevention of dry, hard stools. Patient has been on this medication since at least June 2013. This medication is a reasonable option for the management of occasional constipation in this patient. The requested quantity is not specified. Previous utilization review determination, dated January 13, 2014, has already certified this request for one month's supply. Therefore, the request for Promolaxin 100mg was not medically necessary.

REPLACEMENT/NEW ELASTIC SLEEVES PURCHASE: 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 Chronic Regional Pain Syndrome (CRPS), treatment Page(s): 40-41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand chapter, Vasopneumatic devices.

Decision rationale: According to ODG, vasopneumatic devices are recommended as an option to reduce edema after acute injury. In this case, the use of the elastic sleeves is to decrease the right upper extremity swelling of the patient due to CRPS. According to CA MTUS Chronic Pain Medical Treatment Guidelines for CRPS treatment, edema control is performed using elevation, retrograde sympathetic blocks, diuretics, and adrenoceptor blockers when sympathetically maintained pain is present. There is no mention of compression devices to address extremity edema. Therefore, the request for replacement/new elastic sleeves purchase was not medically necessary.