

Case Number:	CM14-0113989		
Date Assigned:	09/22/2014	Date of Injury:	10/21/2013
Decision Date:	11/19/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/21/2014

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 Pain Management and Rehabilitation, 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 63-year-old male with date of injury of 10/21/2013. The listed diagnoses per [REDACTED] from 06/09/2014 are: 1. Fracture of the right wrist. 2. Status post open reduction and internal fixation with clinical evidence of carpal tunnel syndrome of the right wrist. According to this report, the patient complains of right wrist pain and swelling with weakness, numbness, and tingling in the right hand and fingers. He states that he also injured his right shoulder and neck at the time of the industrial accident but authorization for those body parts have not yet been received. The examination of the right hand and wrist reveals a well-healed 7-cm incision about the volar aspect of the wrist which is tender with mild swelling. Grip strength is 10/10/0 on the right and 40/40/30 on the left. The patient is right-handed. Range of motion of the right upper extremity is full. Tinel's sign at the wrist and carpal tunnel compression test are positive. Muscle strength and manual testing are normal. Arms circumferences are equal bilaterally. The utilization review denied the request on 07/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: This patient presents with right wrist and hand pain. The treater is requesting omeprazole 20 mg quantity #60. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states that it is recommended with precaution for patients are at risk for gastrointestinal events: ages greater than 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA or corticosteroids and anticoagulants; and high-dose multiple NSAIDs. The records do not show a history of omeprazole use. Although the patient is on Anaprox, there is no documentation of GI risk assessment, GI issues. The request for Omeprazole is not medically necessary.

Flubiprofen 20% Cyclobenzaprine 10% Menthol 4% Cream 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal antiinflammatory agents (NSAIDs), Lidocaine, Capsaicin Page(s):.

Decision rationale: This patient presents with right wrist and hand pain. The treater is requesting a compound cream Flurbiprofen 20%, Cyclobenzaprine 10%, Menthol 4% 180 g. The MTUS Guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized control trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended." The records show that the patient has not used this topical compound in the past. In this case, Cyclobenzaprine, a muscle relaxant is not recommended in topical formulation. The request for Flubiprofen 20% Cyclobenzaprine 10% Menthol 4% Cream 180gm is not medically necessary.

Keraek Analgesic Gel 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal antiinflammatory agents (NSAIDs): Page(s): 111.

Decision rationale: This patient presents with right wrist and hand pain. The treater is requesting Keratek analgesic gel 4 ounces. The MTUS Guidelines page 111 on topical NSAIDs states, "Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." It is indicated for short-term use between 4 to 12 weeks for the treatment of osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. The records do not show any history of Keratek use. In

this case, topical NSAIDs are indicated for patients with osteoarthritis and tendinitis which this patient does not present with. The request for Keraek Analgesic Gel is not medically necessary.