MAXIMUS Federal Services

Case Number:	CM14-0125246		
Date Assigned:	08/11/2014	Date of Injury:	04/27/2007
Decision Date:	09/15/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 66-year-old female who is reported to have developed bilateral upper extremity pain secondary to cumulative trauma on 04/27/07. The records indicate that the injured worker was diagnosed with bilateral carpal tunnel syndrome which was treated conservatively and she was placed as permanent and stationary. The injured worker developed a recurrence and was subsequently provided conservative management and again found to be permanent and stationary. The records indicate that the injured worker was subsequently referred to a qualified medical evaluator who subsequently opines that the injured worker suffers from multiple conditions secondary to cumulative trauma. This includes a lumbar sprain/strain, chondromalacia of the patella, lateral and medial epicondylitis of the elbow, lesion of the ulnar nerve, osteoarthritis of the hands, radial styloid tenosynovitis, and rotator cuff syndrome. As a result, the qualified medical evaluator has provided the injured worker with Norco 2.5mg/325mg and Axid 150mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 2.5/325MG 1 PO Q12H PRN #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Norco 2.5/325mg 1 by mouth every 12 hours as needed #60 is not supported as medically necessary. The available clinical records indicate that the injured worker's original compensable diagnosis was bilateral carpal tunnel syndrome secondary to cumulative trauma. The records indicate that the injured worker developed increasing pain with a change of computer software which required her to type and mouse more. This is reported to have resulted in bilateral upper extremity epicondylitis, a lumbar strain and bilateral knee pain, conditions that are not typically associated with a sedentary position. In either case, there is no indication from the record that the injured worker would require opiate analgesia for sprain/strain injuries. As such, medical necessity is not established for the continued use of this medication.

AXID 150MG 1 PO BID #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: The request for Axid 150mg 1 by mouth twice a day #60 is not medically necessary. The submitted clinical records fail to provide any data which establishes that the injured worker has medication-induced gastritis for which this medication would be clinically indicated. There is no mention in the notes of ulcers or other conditions that would justify its use. As such, medical necessity is not established.