

Case Number:	CM14-0152538		
Date Assigned:	09/22/2014	Date of Injury:	12/26/2006
Decision Date:	10/21/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/18/2014

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 and has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 64 year old female with a 12/26/2006 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 8/27/14 noted subjective complaints of bilateral upper extremity pain. She continues to report persistent heartburn with the use of this medication. Objective findings included normal muscle tone in bilateral upper extremities. Diagnostic Impression: bilateral carpal tunnel syndrome. Treatment to Date: carpal tunnel release, medication management, and TENS. A UR decision dated 9/5/14 denied the request for diclofenac sodium 1.5% 60 gm. MTUS states that diclofenac is indicated for superficial joints and for short term use. The patient is diagnosed with carpal tunnel syndrome with likely neuropathic pain. It also denied Naproxen Sodium - anaprox 550 mg. The patient reports GI side effects for which a GI consultation is requested. It also denied Omeprazole delayed release - 40 mg. The NSAIDs have been denied and there is no diagnosis of GERD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole Delayed Release 40mg: 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 Page(s): 68.

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. However, the patient reports heartburn symptoms only with the use of Naproxen. Since, the continuation of Naproxen was not certified, the use of Omeprazole is not certified. Therefore, the request for Omeprazole delayed release 40 mg was not medically necessary.

Diclofenac Sodium 1.5%, 60mg: 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 Page(s): 111,112-113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend Diclofenac in a 1% formulation for the relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). However, the patient's pain complaints are not primarily osteoarthritic in nature. She is diagnosed with carpal tunnel syndrome which is primary neuropathic pain. Therefore, the request for diclofenac sodium 1.5% 60 gm was not medically necessary.

Naproxen Sodium-Anaprox 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 Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, NSAIDS

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, chronic use of NSAIDs is not recommended, especially with neuropathic pain. Additionally, there is report of continued complaint of heartburn with the usage of Naproxen, despite the current usage of a PPI. Therefore, the request for naproxen sodium - anaprox 550 mg was not medically necessary.