

Case Number:	CM14-0155078		
Date Assigned:	09/25/2014	Date of Injury:	12/22/2011
Decision Date:	10/27/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/22/2014

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:

This 40 year old patient had a date of injury on 12/22/2011. The mechanism of injury was not noted. In a progress noted dated 7/21/2014, the patient complains of left wrist pain, which is constantly 4/10 to 7/10 on pain scale. There is numbness and tingling that radiates into forearm. Medications help with no side effects. On a physical exam dated 7/21/2014, the patient is taking Norco, Prilosec, flexeril cream. She also suffers from gastritis. The majority of the objective findings were illegible. The diagnostic impression shows gastritis, depression anxiety, stress, weight loss. Treatment to date: medication therapy, behavioral modification. A UR decision dated 8/21/2014 denied the request for Norco 5mg #60 x 5, stating there is no functional improvement note with the use of opioids and this patient has been on Norco since at least 12/2013. Prilosec 20mg x5 was denied, stating this patient does not have high risk for gastrointestinal events. Flexeril cream 50gmx5 was denied, stating guidelines to not support flexeril as a topical agent. 1 left wrist support was denied, stating that the 7/21/2014 progress report does not show indications of additional wrist brace for this patient at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 NORCO 5MG W/5 REFILLS 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the 7/21/2014 progress report, there was no documented functional improvements noted from the opioid regimen, and in the documentation provided, this patient has been on Norco since at least 2013. Therefore, the request for Norco 5/325 #60x5 refills was not medically necessary.

PRILOSEC 20MG W/5 REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: 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. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. In the 8/21/2014 progress report, this patient is documented to have gastritis. Therefore, the request for Prilosec 20mg x5 was medically necessary.

CYCLOBENZAPRINE CREAM 60 GM W/5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Furthermore, in the 8/21/2014 progress report, there was no discussion of failure of 1st line oral muscle relaxant. Therefore, the request for flexeril cream #60x5 was not medically necessary.

1 LEFT WRIST SUPPORT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, wrist, and hand complaints.

Decision rationale: CA MTUS guidelines recommend wrist splinting for acute, subacute, or chronic CTS; moderate or severe acute or subacute wrist sprains; acute, subacute, or chronic ulnar nerve compression at the wrist; acute, subacute, or chronic radial nerve neuropathy; scaphoid tubercle fractures; or acute flares or chronic hand osteoarthritis; Colles' fracture. However, in the 7/21/2014 progress report, there was no discussion regarding the medical necessity of wrist brace, as this patient only complains of mild wrist pain rated 4/10-7/10, as well as weakness of hands. Therefore, the request for left wrist support was not medically necessary.