

Case Number:	CM14-0166446		
Date Assigned:	10/13/2014	Date of Injury:	05/12/2010
Decision Date:	12/30/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/09/2014

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 56 year old male sustained a work related injury on 5/11/2010. The exact mechanism of the original injury was not clearly described. According to the progress report dated 7/30/2014, the injured workers chief complaints were worsening right shoulder and right wrist pain, pain in his right arm and hand, along with numbness and tingling in the right hand. He also reported continued pain in his neck and back. The pain radiates to both hips and upper part of his upper thighs. The physical examination revealed tender paraspinal muscles with spasm of the cervical spine. Range of motion is restricted with reduced sensation in the right hand. The right anterior shoulder is tender to palpation with a positive impingement sign. Range of motion is decreased in flexion and abduction. Lumbar paraspinal muscles are tender with spasm present. Range of motion is restricted. The current diagnoses are Diagnostic Impression: biceps tendon rupture, shoulder impingement, ulnar nerve lesion, and carpal tunnel syndrome. Treatment to date: Medication management. A UR decision dated 9/26/14 denied the request for Omeprazole DR 20 mg. Documentation provided does not support the need for PPI therapy. Documentation does not describe current GI symptoms or treatment rendered thus far for GI symptoms. It also denied Medrox pain relief ointment. Documentation does not justify the use of Medrox. It also denied Norco 5/325 #60. Documentation does not identify measurable analgesic benefit or functional benefit with ongoing use. It also denied Naproxen Sodium 550 mg #30. Documentation does not identify measurable analgesic benefit or functional benefit with ongoing use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20 mg Capsule #30 with 2 refills: 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 based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole)

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, although the patient had previously been on chronic NSAID therapy, continued use of Naproxen was non-certified. Therefore, continued use of Omeprazole is non-certifiable. Therefore, the request for Omeprazole 20 DR 20 mg Capsule #30 with 2 refills is not medically necessary.

Medrox Pain Relief ointment with 2 refills: Upheld

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

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

Decision rationale: Regarding Medrox, searches of online resources identify Medrox ointment to be a compounded medication that includes 0.0375% Capsaicin, 20% Menthol, and 5% Methyl Salicylate. CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. However, there is no clear rationale for using this medication as opposed to supported alternatives. Therefore, the request for Medrox Pain Relief ointment with 2 refills is not medically necessary.

Hydrocodone (Norco 5/325) #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates 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, given the 2010 date of injury, the duration of opiate use to date is not clear. In addition, there is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Hydrocodone (Norco 5/325) #60 with 2 refills was not medically necessary.

Naproxen Sodium 50 mg #30 with 2 refills: Upheld

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

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, given the 2010 original date of injury, the duration of NSAID therapy is unknown. Guidelines do not recommend the chronic use of NSAIDS, especially in the absence of clear documentation of objective functional benefit derived from its use. Therefore, the request for Naproxen Sodium #30 with 2 refills is not medically necessary.