

Case Number:	CM14-0174645		
Date Assigned:	10/27/2014	Date of Injury:	09/17/2013
Decision Date:	12/03/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/21/2014

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 Osteopathic Family Practice, 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:

According to the medical records the patient is a 41 year old female who sustained an industrial injury on September 17, 2013 to her left wrist. She underwent open reduction and internal fixation. Utilization review dated September 30, 2014 reviewed a June 27, 2014 and August 15, 2014 report and noncertified the request for Fluriflex, omeprazole, Tramadol, and CT scan of the left wrist. On an examination narrative dated July 21, 2014 the patient complained of ongoing and unimproved frequent moderate pain, weakness, restricted range of motion and ongoing numbness and tingling. She also reported radiating pain to her wrist and left thumb. She reported cramping and weakness in her left hand and reported dropping several objects. Gastrointestinal review of systems reported upset stomach and acid stomach. Left hand and wrist x-rays performed in the office revealed evidence of a plate along the distal radius fracture, mild dorsal subluxation of the left ulna and scapholunate dissociation with proximal migration of the capitate. The patient was diagnosed with status post open reduction internal fixation left wrist, left wrist scapholunate dissociation, rule out triangular fibrocartilage tear of the left wrist, and dorsal subluxation of the left ulna. The physician noted he needs to review a CT arthrogram of the patient's left wrist to further assess the anatomy after which he will make further recommendations. Examination dated September 26, 2014 notes a diagnostic impression of NSAID induced gastropathy. The patient was prescribed omeprazole and topical medication. She was referred for left wrist bone scan. The patient was seen on September 29, 2014 at which time the CT scan of August 27, 2014 report was reviewed by the patient's diagnoses included left wrist scapholunate dissociation and dorsal subluxation of the left ulna. It was noted that the patient's fracture has healed clinically and radiographically, but she has persistent pain over the region of the hardware. She is indicated for hardware removal and manipulation and possible arthrotomy to regain motion of the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 110-112.

Decision rationale: References state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. References also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flexeril is a muscle relaxant and muscle relaxants are not recommended in a topical formulation. In addition, topical anti-inflammatories are recommended only for short term use. References state that 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. The request for Fluriflex 180gm is not medically necessary.

Omeprazole 20mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC- Proton Pump Inhibitors

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

Decision rationale: The medical records submitted for review document gastrointestinal complaints that would support the use of a proton pump inhibitor such as Omeprazole. The request for Omeprazole 20 mg #60 is medically necessary.

Tramadol 50mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 to 96.

Decision rationale: The medical records indicate that the patient has chronic left wrist pain and will be undergoing additional surgical intervention. The use of Tramadol would be supported for

pain relief. It should be noted that Tramadol is a synthetic opioid and is significantly safer than hydrocodone. There is no evidence of misuse of this medication. As such, the request for Tramadol 50 mg #60 is medically necessary.

CT of the left wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254, Chronic Pain Treatment Guidelines does not address wrist CT scan. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Forearm, Wrist and Hand, CT scan

Decision rationale: The patient is status post left wrist ORIF and has continued with pain, weakness, restricted range of motion and ongoing numbness and tingling. Left hand and wrist x-rays performed in the office revealed evidence of a plate along the distal radius fracture, mild dorsal subluxation of the left ulna and scapholunate dissociation with proximal migration of the capitate. It was noted that the patient may be a candidate for further surgery. As such, the requested imaging would have been supported to determine the medical necessity of additional surgical treatment. It is noted that the CT scan was performed on 8/27/14 and retrospectively, the CT scan is deemed medically necessary.