

Case Number:	CM14-0176529		
Date Assigned:	10/30/2014	Date of Injury:	04/10/2013
Decision Date:	12/11/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/25/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 65 years old male with an injury date on 04/10/2013. Based on the 09/11/2014 progress report provided by [REDACTED], the diagnoses are: 1. Open wound of upper arm with tendon involvement 2. Derangement of joint not otherwise specified of hand 3. Carpal tunnel syndrome 4. Lumbar radiculopathy. According to this report, the patient came in for a "follow up evaluation. There has been no significant improvement since the last exam." Physical exam reveals tenderness at the first left metacarpal joint and thoracolumbar paraspinal muscles. Decreased sensation is noted at the bilateral median nerve distribution and bilateral feet in the L5 dermatomal distribution. Range of motion of the right shoulder and lumbar spine is decreased. Impingement sign is positive on the right. Patient's treatment history includes right knee cortisone injection with temporary relief. There were no other significant findings noted on this report. The utilization review denied the request on 09/25/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 06/05/2014 to 09/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium 550 mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain Anti-inflammatory medications non-steroidal anti-inflammatory drugs Page(s): 60.

Decision rationale: According to the 09/11/2014 report by [REDACTED] this patient presents with right shoulder pain, wrists pain, and pain at the thoracolumbar spine. The treater is requesting Naproxen Sodium 550mg #30. The MTUS Guidelines pages 60 and 61 reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Naproxen Sodium was first noted in the 06/05/2014 report; it is unknown exactly when the patient initially started taking this medication. There were no discussions on functional improvement and the effect of pain relief as required by the guidelines. MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. In this case, there is no mention of how this medication has been helpful in any way. Recommendation is for denial.

Omeprazole 20 mg # 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines nsaid's, gi symptoms and cardiovascular risks.

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

Decision rationale: According to the 09/11/2014 report by [REDACTED] this patient presents with right shoulder pain, wrists pain, and pain at the thoracolumbar spine. The treater is requesting Omeprazole 20mg #30 with 2 refills. Omeprazole was first mentioned in the 06/05/2014; it is unknown exactly when the patient initially started taking this medication. The MTUS Guidelines state Omeprazole is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of the reports show that the patient is taking Naproxen and has no gastrointestinal side effects with medication use. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the treater does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Recommendation is for denial.

Capsaicin 0.025% 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 chronic pain Page(s): 111-113.

Decision rationale: According to the 09/11/2014 report by [REDACTED] this patient presents with right shoulder pain, wrists pain, and pain at the thoracolumbar spine. The treater is

requesting Capsaicin 0.025% with 2 refills. Regarding Capsaicin 0.025%, MTUS states capsaicin has benefit for patients with OA, fibromyalgia and chronic non-specific back pain. In this case, the patient does not meet the indication for the topical medication as he does not present with osteoarthritis/ fibromyalgia for which Topical Analgesics are indicated. Furthermore, the treater does not indicated whether or not this topical has been helpful in any way for pain reduction and functional improvement. Recommendation is for denial.