

Case Number:	CM14-0180345		
Date Assigned:	11/05/2014	Date of Injury:	09/01/2013
Decision Date:	12/30/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/30/2014

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:

Injured worker is a female with date of injury 9/1/2013. Per primary treating physician's progress report dated 10/22/2014, the injured worker continues to have extreme aggravation of pain in the right shoulder, right elbow, right wrist, and right hand. She states that pain is rated 7-8/10, but with medications it will reduced to 4-5/10. She states that pain varies with the activities she is doing, and while at works he uses her hands frequently, causing more aggravation of pain. Examination of the right shoulder reveals tenderness at the AC joint and subacromial space. She can easily go to 120 degrees, but after that is much restriction and pain. She is restricted in range of motion with internal rotation, external rotation, as well as flexion and extension. Neer's and Hawkins are positive. The right elbow has severe tenderness at the lateral epicondyle with slight swelling. The right wrist has tenderness. The right wrist has somewhat restricted flexion, extension, radial and ulnar deviation. She is very weak in grip and grasp with the right hand as compared to the left. Tinel sign is positive on the right. Diagnoses include 1) right shoulder sprain 2) right lateral epicondylitis 3) right wrist sprain 4) rule out carpal tunnel on the right side 5) right hand sprain 6) right side carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is reported to have improvement of pain from 7-8/10 to 4-5/10 with medication use, but there is no report of functional improvement. There is no assessment for aberrant drug behavior with chronic use of Norco. Medical necessity of this medication has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #40 is determined to not be medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk section Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as Prilosec are recommended when using NSAIDs if there is a risk for gastrointestinal events. The injured worker is under age 65 years of age. There is no history reported regarding peptic ulcer, GI bleeding or perforation. Concurrent use of aspirin, corticosteroids, and/or anticoagulants is not reported. The injured worker is not reported to be taking high doses of NSAIDs or multiple NSAIDs. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Prilosec when using NSAIDs. The request for Prilosec 20mg #60 is determined to not be medically necessary.

Ketoprofen 10% cream # 120gm: 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 Topical Analgesics Page(s): 111, 112.

Decision rationale: Ketoprofen 20% is a topical NSAID medication. The MTUS Guidelines report that topical ketoprofen is not FDA approved, and has an extremely high incidence of photocontact dermatitis. The only FDA approved topical NSAIDs is diclofenac. The request for Ketoprofen 10% cream # 120gm is determined to not be medically necessary.