

Case Number:	CM14-0028587		
Date Assigned:	06/16/2014	Date of Injury:	09/09/2008
Decision Date:	08/19/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/06/2014

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 and Rehabilitation and is licensed to practice in California and Washington. 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 injured worker is a 42-year-old male who reported injury on 09/09/2008 of an unknown mechanism. The injured worker complained of intermittent pain to bilateral wrists and hands, rated his pain an 8/10 to 9/10 on the pain scale and stated that his pain medication helps decrease his pain by 80% and allowed him to do more activities around the house and provide self care. He denied any side effects to the medications. Physical examination on 01/07/2014 showed decreased sensation to light touch in the median nerve and superficial sensory branch of radial nerve distribution of the right hand, positive Phalen's, Tinel's, and negative carpal compression test. The left hand showed a severely contracted left small finger with hypersensitivity to touch, no sign of infection or CRPS, and hypersensitivity to the volar aspect of the left wrist and hand. He had electrodiagnostic studies that revealed chronic left ulnar neuropathy at the wrist affecting sensory components and electrodiagnostic evidence of severe chronic left median motor neuropathy distal to carpal tunnel with no evidence of cervical radiculopathy or generalized peripheral neuropathy. He had x-rays of the hands. He had diagnoses of right hand arthralgia, hypersensitivity, and mild carpal tunnel syndrome, status post traumatic injury in 09/2008, and left hand with severe contracture of left small finger, moderate contracture of left ring finger, hypersensitivity, and ulnar and median nerve neuropathy supported electrodiagnostically, status post industrial injury. He had past treatments of psychotherapy sessions, wrist braces, and oral medications. His medications included Norco, Elavil, and LidoPro cream. The treatment plan was to continue use of wrist braces as tolerated, continue medications as prescribed, and continue seeing the doctor for his spinal symptoms. There was no request for authorization form submitted for review. There is no rationale for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

DOCUPRENE 100MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC), ONLINE EDITION, PAIN CHAPTER, OPIOID-INDUCED CONSTIPATION TREATMENT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, initiating therapy Page(s): 77.

Decision rationale: The request for prescription of Docuprene 100 mg #60 is non-certified. The California MTUS Guidelines indicate prophylactic treatment of constipation should be initiated with use of opioids for pain. The injured worker was noted to be taking Norco, an opioid medication. Docuprene is a laxative/stool softener and according to clinical documentation the injured worker is taking Senna which is also a laxative. There was no documentation submitted showing the clinical necessity for 2 laxatives; therefore, the request for Docuprene 100 mg #60 is not medically necessary.

HYDROCODONE/APAP 10/325MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS (HYDROCODONE/ACETAMINOPHEN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods criteria for use, and specific drug list Page(s): 78, 91.

Decision rationale: The request for prescription of hydrocodone/apap 10/325 mg #60 is non-certified. The injured worker complained of intermittent pain to bilateral wrists and hands, rated his pain an 8/10 to 9/10 on the pain scale and stated that his pain medication helps decrease his pain by 80% and allowed him to do more activities around the house and provide self-care. He denied any side effects to the medications. His past treatments included psychotherapy sessions, wrist braces, and oral medications. The California MTUS Guidelines state that hydrocodone/APAP is a short-acting opioid, which is an effective method in controlling chronic, intermittent, or breakthrough pain. It also states four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids as follows: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Documentation is lacking a pain assessment and monitoring of aberrant drug-taking behaviors. Given the above the request for hydrocodone/apap 10/325 mg #60 is not medically necessary.

OMEPRAZOLE 20MG, #60: Upheld

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

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

Decision rationale: The request for prescription of omeprazole 20 mg #60 is non-certified. The injured worker complained of intermittent pain to bilateral wrists and hands, rated his pain an 8/10 to 9/10 on the pain scale and stated that his pain medication helps decrease his pain by 80% and allowed him to do more activities around the house and provide self-care. He denied any side effects to the medications. The California MTUS Guidelines recommend the use of proton pump inhibitors (PPI) if there is a history of gastrointestinal bleeding or perforations, prescribed high dose of NSAIDS, and a history of peptic ulcers. There is also increase risk of hip fracture with the long-term utilization of a PPI greater than one year. Clinical documentation stated the injured worker was taking omeprazole for GI upset as well as one reported incident of bleeding with bowel movement, but no clinical documentation of a follow-up or if gastroenterologist was seen. There is no indication that the injured worker was taking any NSAIDS. In addition, the Therefore, the request for omeprazole 20 mg #60 is not medically necessary.