

Case Number:	CM14-0031143		
Date Assigned:	06/20/2014	Date of Injury:	05/09/2006
Decision Date:	07/17/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/12/2014

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 Texas. 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 55-year-old female who reported an injury on 05/09/2006. The mechanism of injury was not stated. Current diagnoses include right thumb pain, left thumb pain, bilateral carpal tunnel syndrome, and status post 1st dorsal compartment release on 01/10/2013. The injured worker was evaluated on 03/11/2014 with complaints of ongoing pain, numbness and tingling. Current medications include Norco 10/325 mg, Vicodin 5/500 mg, Prilosec 20 mg, and Fiorcet. Physical examination revealed tenderness at the medial aspect of the wrist, positive Tinel's testing, and decreased sensation in the 1st and 2nd digits of each hand. Treatment recommendations at that time included authorization for electrodiagnostic studies as well as prescriptions for Norco and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, Qty: 240.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines-Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The MTUS Chronic Pain Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Norco 10/325 mg since 07/2013 without any evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary and appropriate.

Prilosec 20mg, Qty: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The MTUS Chronic Pain Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. There is no evidence of cardiovascular disease or increased risk factors. There is also no frequency listed in the request. As such, the request is not medically necessary and appropriate.