

Case Number:	CM14-0032339		
Date Assigned:	06/20/2014	Date of Injury:	08/27/2013
Decision Date:	09/09/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/14/2014

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:

This is a 52 year-old male patient with an 8/27/2013 date of injury. The mechanism of injury was not described. On a progress report dated 11/11/2013 the patient complains of constant severe pain in the left wrist. The patient states he has difficulty using the left wrist and left hand. Physical examination reveals mild deformity of the radial aspect of the left wrist with swelling, limited ROM, and a weak grip. There is exquisite tenderness on the first dorsal compartment radio carpal joint. Limited range of motion and weakness is also noted. The diagnostic impression is left wrist pain. The patient can continue to work. Treatment to date: Diagnostics, left wrist brace with thumb spica, and medication management. A UR decision dated 3/4/2014 denied the request for Naproxen sodium 550mg #120. The rationale for denial was that CA MTUS guidelines recommend NSAIDS for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. There is no current medical record that presents current pain complaints or the medications the patient has been taking. The rationale for denial of Omeprazole delayed-release 20mg #120 was that if the patient use of an NSAID was denied there was no necessity for the use of Omeprazole. The rationale for denial of Tramadol HCl ER 150 mg #90 was that CA MTUS guidelines state that opioid use is recommended for treatment of moderate to severe nociceptive pain(most commonly secondary to cancer). The latest evaluation of the patients' pain was 11/11/13. Without current information of the patients' condition, the tramadol cannot be certified. The rationale for denial of Terocin patch #30 was CA MTUS guidelines state that topical analgesics are largely experimental with few randomized controlled trials to show efficacy or safety. Terocin is a patch containing Lidocaine which is recommended for localized peripheral pain after there has been a trial of first-line oral antidepressants and anticonvulsants. Again, because there is no current medical records to show the patients' level of pain or current medication regimen the Terocin patch cannot be certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. CA MTUS guidelines only recommend NSAID use for short-term. In this case there is no current documentation of the patients' pain level or as to what the patient is currently taking. The guidelines also only recommend NSAID use for conditions of osteoarthritis. However, there is no diagnosis of this documented for this patient. Therefore, the request for Naproxen Sodium 550mg #120 is not medically necessary.

Omeprazole Delayed-Release 20 mg # 120: Upheld

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

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

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. In this case the patient has been denied the request for the use of NSAIDS. The only reason for the patient to be using omeprazole, a proton pump inhibitor, was prophylactically while using the NSAID. Furthermore, if the patient is not using an NSAID, the Omeprazole is not required. Therefore, the request for Omeprazole Delayed-Release 20mg #120 is not medically necessary.

Tramadol Hydrochloride ER 150mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. Guidelines state that Tramadol is not a first-line agent for pain. There is no documentation in the reports of any first-line trials and failures to initiate the use of Tramadol. Furthermore, there is no current clinical information available since 11/11/2013 to assess this patients' current pain or his current medication regimen. Therefore, the request for Tramadol Hydrochloride ER 150mg #90 is not medically necessary.

Terocin Patch # 30: Upheld

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

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

Decision rationale: MTUS chronic pain medical treatment guidelines states that topical Lidocaine in the formulation of a dermal patch has been designated for orphan's status by the FDA for neuropathic pain. In addition, CA MTUS states that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). The Terocin patch is a transdermal formulation of Lidocaine 4% and 4% Menthol. The CA MTUS guidelines recommend it for neuropathic pain after a trial of first-line oral antidepressants and anticonvulsants have failed. Furthermore, there is no current medical data later than a report of 11/11/2013 for this patient to establish necessity. Therefore, the request for Terocin Patch #30 is not medically necessary.