

Case Number:	CM14-0035125		
Date Assigned:	07/28/2014	Date of Injury:	04/20/2013
Decision Date:	08/29/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/21/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist pain, median neuropathy, and de Quervain's tenosynovitis reportedly associated with an industrial injury of May 20, 2013. Thus far, the applicant has been treated with the following: analgesic medications; adjuvant medications; topical compound; transfer of care to and from various providers in various specialties; and unspecified amount of physical therapy over the course of the claim. In a Utilization Review Report dated March 7, 2014, the claims administrator approved a request for Naprosyn, denied a request for cyclobenzaprine, denied a request for omeprazole, denied a request for Norco, and denied a request for topical compounded cream. The applicant's attorney subsequently appealed. In a February 26, 2014 progress note, the attending provider reviewed the results of drug testing performed on February 21, 2014, which is apparently negative for numerous opioid, barbiturate, and benzodiazepine metabolites. In a progress note dated February 21, 2014, it is stated that the applicant had persistent complaints of wrist and shoulder pain following earlier wrist open reduction and internal fixation (ORIF) surgery and shoulder rotator cuff repair surgery. The applicant was currently receiving workers' compensation benefits, it was acknowledged. The applicant was described as off of work, on total temporary disability, as his employer is apparently unable to accommodate his limitations. Cyclobenzaprine, omeprazole, Norco, and Naprosyn were endorsed. Topical compounded ketoprofen containing medication was also endorsed. It is not clearly stated whether the medications in question represented the first-time request or renewal request, although this particular note did seemingly suggest (but it is not clearly stated) that the applicant might have used the medications in question in the past. On a progress note of November 4, 2013, the applicant was described as using both Norco and Motrin as of that point in time. The applicant was still smoking, it was acknowledged. On October 31, 2013, the applicant was again given

prescriptions for Norco, tramadol, flurbiprofen-containing topical compound, and a gabapentin containing topical compound. The applicant was described as reporting 3/10 pain, which he stated was alleviated by medications. There was no mention of whether or not the applicant's ability to perform activities of daily living was ameliorated as a result of ongoing medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 3/day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

Decision rationale: As noted on page 41 in the MTUS Chronic Pain Medical Treatment Guidelines, additional cyclobenzaprine or Flexeril to the other agents is not recommended. In this case, the applicant is using a variety of other analgesics, adjuvant, and topical medications. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

Omeprazole 20mg daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter; FDA.

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

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitor such as omeprazole to treatment non-steroidal anti-inflammatory drug (NSAID)-induced dyspepsia, in this case, the provided information does not make any mention of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request is not medically necessary.

Norco 10/325mg, every 4-6 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Opioid Treatment Guidelines, American Pain Society and the American Academy of Pain Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: The request in question does represent a renewal request. The applicant has been using Norco for what appears to be a minimum of several months. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. There is no concrete or ongoing evidence of improved ability to perform activities of daily living and/or ongoing reductions in pain levels achieved as results of ongoing Norco usage. Therefore, the request is not medically necessary.

Naproxen 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications topic Page(s): 7, 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic wrist and shoulder pain reportedly present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work. There has been no clear discussion of medication efficacy insofar as Norco is concerned furnished in any recent progress note. The applicant apparently continues to have constraints and difficulties using the left wrist and left hand, despite ongoing usage of Naprosyn. Therefore, all the above taken together imply a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Naprosyn. Therefore, the request is not medically necessary.

Ketoprofen 20% Lidocaine 12.3% Transdermal cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111-112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the principle ingredient in the compound in question, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

