

Case Number:	CM14-0036759		
Date Assigned:	08/06/2014	Date of Injury:	04/03/2012
Decision Date:	10/14/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/26/2014

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. 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 57-year-old female who reported an injury on 04/03/2012. The mechanism of injury was not provided. On the note dated 09/09/2013, there was reference to a physical examination performed on 07/15/2013 that revealed atrophy of the right biceps, forearm, with no tenderness in the right or left wrist or hand. There was a diagnosis of a history of contusion of the left hand and history of sprained left wrist. Prior therapies and current medication list were not provided. The provider recommended Anaprox and Medrox. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg capsules #60: Upheld

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

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

Decision rationale: The request for omeprazole 20 mg capsules with a quantity of 60 is not medically necessary. According to the California MTUS Guidelines, omeprazole may be

recommended for injured workers with dyspepsia secondary to nsaid therapy, or for those taking nsaid medications who are at moderate to high risk for gastrointestinal events. The injured worker does not have a diagnosis congruent with the guideline recommendation for NSAIDS. Additionally, the injured worker is not at moderate to high risk for gastrointestinal events. The efficacy of the prior use of this medication was not provided. Additionally, the provider does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Anaprox (Naproxen) 650mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The request for Anaprox (naproxen) 650 mg with a quantity of 90 is not medically necessary. The California MTUS Guidelines state that all NSAIDS are associated with risks of cardiovascular events, including MI, stroke, or onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDS for the shortest duration of time, consistent with the individual treatment goals. There is lack of evidence in the medical records provided of a complete and adequate pain assessment and the efficacy of the prior use of the medication was not provided. The provider does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Medrox 120 GM #120: Upheld

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

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

Decision rationale: The request for Medrox 150 gm with a quantity of 120 is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed. A compounded product that contains at least 1 drug that is not recommended, is not recommended. It is noted that capsaicin is recommended for injured workers who are unresponsive or intolerant to other treatments. Many agents are compounded as monotherapy or in combination for pain control including NSAIDS, opioids, capsaicin, local anesthetics, antidepressants, and glutamate receptor antagonists. There is little to no research to support the use of many of these agents. There is lack of documentation that the injured worker had failed a trial of an antidepressant or anticonvulsant. Additionally, the

provider's request did not indicate the site at which the Medrox is intended for or the frequency in the request as submitted. As such, medical necessity has not been established.