

Case Number:	CM14-0037775		
Date Assigned:	06/25/2014	Date of Injury:	01/31/2009
Decision Date:	08/06/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/31/2014

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 filed a claim for carpal tunnel syndrome and elbow epicondylitis reportedly associated with an industrial injury of January 31, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; adjuvant medications; unspecified amounts of physical therapy; a carpal tunnel release surgery; earlier De Quervain's release surgery; and reported return to regular work. In a utilization review report of March 20, 2014, the claims administrator denied a request for Norco on the grounds that the applicant had reportedly failed to improve in terms of pain or function with the same. The claims administrator did not seemingly incorporate cited guidelines into its rationale. The applicant's attorney subsequently appealed. A February 25, 2014 progress note was notable for comments that the applicant reported 5 to 6/10 hand, shoulder, and neck pain with superimposed anxiety, sleep disturbance, and depression. The applicant was asked to continue Prilosec, Naprosyn, and Norco. The applicant is asked to continue regular duty work. It was stated that the applicant had earlier declined a cubital tunnel decompression surgery. A January 14, 2014 progress note is notable for comments that the applicant was using Naprosyn and Norco for pain relief. The applicant reported persistent 4 to 9/10 shoulder, neck, and hand pain. There were reportedly no improvements since the last visit, it was stated. The applicant did have issues with anxiety and sleep disturbance. The applicant was returned to regular duty work (on paper). It was not clearly stated whether or not the applicant was in fact working. There is no discussion of medication efficacy incorporated into the progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: 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, 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 Prilosec in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of issues with reflux, heartburn, and/or dyspepsia made evident on the progress notes provided. Therefore, the request is not medically necessary.

Norco 5/325 #60: Upheld

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

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

Decision rationale: 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, there have been no documented improvements in pain achieved as a result of ongoing opioid therapy. The applicant's pain levels have been scored as high as 9/10, despite ongoing usage of Norco. The attending provider had not recounted any improvements in function achieved as a result of ongoing Norco usage. While the attending provider did state that the applicant was returned to regular work (on paper), it was unclear whether or not the applicant was, in fact, working as a delivery driver. Therefore, the request is not medically necessary.