

Case Number:	CM14-0038118		
Date Assigned:	06/25/2014	Date of Injury:	02/06/2014
Decision Date:	07/31/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/01/2014

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 hand pain reportedly associated with an industrial injury of February 6, 2014. Thus far, the claimant has been treated with the following: Analgesic medications; topical compounds; consultation with a dentist; and reported return to regular work. In a Utilization Review Report dated March 26, 2014, the claims administrator retrospectively approved a urine drug screen, denied a request for Condrolite, retrospectively approved Naprosyn, partially certified Omeprazole, and denied several topical compounds. Despite the fact that the request was not a chronic pain case, the MTUS Chronic Pain Medical Treatment Guidelines were invoked. The applicant's attorney subsequently appealed. In a progress note dated June 3, 2014, the applicant was described as having returned to regular work. Overall documentation was sparse. The applicant was reportedly returned to regular work (on paper), although it was not clear whether the applicant was working. The applicant did report persistent complaints of hand and wrist pain, mild-to-moderate. In a February 6, 2014 doctor's first report, the applicant was given a diagnosis of hand burn. The wound was cleaned, dressed, and debrided. It was stated that the applicant had blisters which had apparently popped. The applicant was given antibiotics, including intramuscular Rocephin. The applicant subsequently transferred care elsewhere. On February 21, 2014, the applicant was given prescriptions for Norco, Prilosec, and several topical compounds. The applicant was given diagnosis of burn injury of hand. The applicant was also given silver sulfadiazine cream. On March 14, 2014, the attending provider apparently sought authorization for a sleep study, several topical compounds, Condrolite, and a drug screen. The applicant was given a primary diagnosis of burn of hand and was described as having frequent, dull hand pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request (date of service 3/14/2014) Condrolite 500/200/150mg QTY: 90.00:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment, Integrated Treatment, forearm, Wrist, & Hand (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://reference.medscape.com/drug/2-aminodeoxyglucose-sulfate-amino-monosaccharide-glucosamine-sulfate-344469#2> Glucosamine Sulfate (Herbs/Suppl) Suggested Uses Relief of symptoms of osteoarthritis , temporomandibular joint arthritis.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines did not govern this subacute injury case as of the date of the request, March 14, 2014, or as of the date of the Utilization Review Report. The applicant's issues, quite clearly, were still subacute as of this point in time. As noted by Medscape, glucosamine is suggested in the relief of pain associated with osteoarthritis and/or temporomandibular joint osteoarthritis. In this case, however, the claimant does not carry diagnosis of arthritis for which glucosamine would have been indicated. Rather, the applicant's stated diagnosis was burn of hand/residual hand pain following a burn. No rationale for usage of Condrolite (glucosamine-chondroitin) was furnished so as to offset the unfavorable Medscape recommendation. Therefore, the request is not medically necessary.

Retrospective Request (date of service 3/14/2014) Omeprazole 20mg QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Prilosec Label - Fda www.accessdata.fda.gov/drugsatfda/022.

Decision rationale: The MTUS does not address the topic; the MTUS Chronic Pain Medical Treatment Guidelines were not applicable to this subacute injury. As noted by the Food and Drug Administration (FDA), Omeprazole or Prilosec is indicated in the treatment of duodenal ulcers, gastritis, gastric ulcers, hypersecretory conditions, and/or gastroesophageal reflux disease. In this case, however, the progress note in question of March 14, 2014 did not establish the presence of any the aforementioned issues. Therefore, the request was not medically necessary.

Retrospective Request (date of service o 3/14/2014) Flurbiprofen 20%/Tramadol 20% 30gm QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability

Guidelines, Treatment in Workers Compensation 2012 on the web, Topical Analgesics (www.odgtreatment.com).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47; Table 3-1, page 49.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant was, in fact, given prescriptions for a number of first-line oral pharmaceuticals, including Norco, effectively obviating the need for topical medications such as the agent in question which are, per ACOEM Chapter 3, Table 3-1, page 49 not recommended. Therefore, the request was not medically necessary.

Retropective Request (date of service 3/14/2014) Gabapentin 10%/Dextromeethorphan 10% Amitriptyline 10% 30gm QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation 2012 on the web, Topical Analgesics (www.odgtreatment.com).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47; Table 3-1, page 49.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's provision of a prescription for first-line oral Norco effectively obviated the need for topical agents such as the Gabapentin containing compound in question which are, per ACOEM Chapter 3, Table 3-1 deemed not recommended. Therefore, the request was not medically necessary.