

<b>Case Number:</b>	CM14-0044727		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/05/2011
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 46-year-old male who reported an injury on 05/05/2011. The mechanism of injury was the injured worker was using a punch press machine and was putting parts to remove the sharp edges from the machine; the injured worker took a break and returned to work still working on the same parts. He had put the part in the machine and punched buttons to lower the machine and as the injured worker was about to remove the parts with his left hand the machine went down without him pushing buttons and the left little finger, ring finger, and middle fingers were amputated. Prior treatments included physical therapy. There was no DWC Form RFA or PR-2 submitted for any of the requested dates of service. The diagnoses included subacromial tenderness, mildly positive Neer's and mildly positive Hawkins impingement sign, limitation in shoulder motion, a partial tear of the supraspinatus tendon, history of left hand crush injury and amputation involving the left 3rd, 4th, and 5th digits, sensitivity to pressure left hand, diminished sensation left middle, ring, and little fingers, tenderness to palpation dorsum of the right hand at the MCP joints all of the fingers, and electrodiagnostic studies revealing evidence of mild left and severe right carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nexium 40 mg, DOS 09/0513, 10/04/13. 10/28/13. 01/08/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to indicate the medications that were being utilized on the requested dates of service to support the necessity for a PPI. The request as submitted failed to include the frequency for the requested medication. The duration of use could not be established through supplied documentation. There was no DWC Form RFA or PR-2 submitted for the requested dates of service. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Nexium 40 mg DOS 09/05/13, 10/04/13, 10/28/13, 01/08/14 is not medically necessary.

**Medrox DOS 10/01/13, 11/07/13, 01/08/14, 02/12/14:** 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 Salicylate Topical Analgesic, Topical Capsaicin Page(s): 28, 111, 105. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medrox Online Package Insert.

**Decision rationale:** California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments....There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Additionally it indicates that Topical Salicylates are approved for chronic pain. According to the Medrox package insert, Medrox is a topical analgesic containing Menthol 5.00% and 0.0375% Capsaicin and it is indicated for the "temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness. The clinical documentation submitted for review failed to provide documentation of the DWC Form RFA or PR-2 for the requested medication. There was no documentation for the requested dates of service. The request as submitted failed to indicate the frequency, quantity, and strength for the requested medication. Given the above, the request for Medrox DOS 10/01/13, 11/07/13, 01/08/14, 02/12/14 is not medically necessary.

**MI-Acid 80 mg DOS 11/04/13, 12/05/13, 01/27/14, 02/24/14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mdconsult.com.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): , page 69.

**Decision rationale:** The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to indicate the medications that were being utilized on the requested dates of service to support the necessity for a PPI. The request as submitted failed to include the frequency for the requested medication. The duration of use could not be established through supplied documentation. There was no DWC Form RFA or PR-2 submitted for the requested dates of service. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for MI-Acid 80 mg DOS 11/04/13, 12,05/13.01.27/14.02/24/14.

**Alprazolam 0.25 mg DOS 12/11/13:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The California MTUS Guidelines do not recommend benzodiazepines as a treatment for injured workers with chronic pain for longer than 3 weeks due to high risk of psychological and physiological dependence. The clinical documentation submitted for review failed to provide documentation of the duration of use. There was no documentation for the requested date of service. There was no DWC Form RFA or PR-2 submitted for the requested medication and date of service. The request as submitted failed to indicate the frequency and quantity of medication being requested. Given the above, the request for alprazolam 0.25 mg DOS 12/11/2013 is not medically necessary.

**Dexilant 60 mg DOS 11/27/13. 02/24/14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to indicate the medications that were being utilized on the requested dates of service to support the necessity for a PPI. The request as submitted failed to include the frequency for the requested medication. The duration of use could not be established through supplied documentation. There was no DWC Form RFA or PR-2 submitted for the requested dates of service. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Dexilant 60 mg DOS 11/27/13 and 2/24/14 is not medically necessary.

