

Case Number:	CM14-0048598		
Date Assigned:	06/25/2014	Date of Injury:	06/07/2004
Decision Date:	07/31/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/28/2014

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 was injured on 6/7/04. The patient reported pain more in the right upper extremity than the left. Pain and numbness in both hands is noted. Diminished ability to grip and grasp with the right hand is noted. The prior treatment included medications to include Norco, Pamelor, Cymbalta, omeprazole, over the counter Tylenol, Lidoderm patches, OxyContin, Lexapro and Neurontin with reported 50% or more functional improvement, Velcro-strapped brace, hanger orthotics, cock-up wrist splint, injection of Depo-Medrol and Xylocaine into the left carpal canal on 12/14/04. The patient also underwent surgery, hand therapy and occupational therapy. MRI of right shoulder revealed a full-thickness rotator cuff tear with retraction. Nerve conduction studies revealed findings consistent with bilateral median neuropathy at the wrist. Electromyography dated 1/8/14 showed a very mild left distal median neuropathy or a carpal tunnel syndrome affecting left median palmar nerve at the wrist. The diagnoses were status post carpal tunnel release in the right hand, revision of carpal tunnel release in the right hand, chronic lateral epicondylitis bilaterally, history of right shoulder sprain/strain with a history of subacromial decompression, limited range of motion (ROM) and myofascial shoulder pain with chronic tendinopathy, history of reactive depression, neuropathic component of pain in the upper extremities and probable fibromyalgia with myofascial pain syndrome. On 2/27/14, the patient reported constant right-sided neck pain, muscle cramps into the right shoulder blade area and right shoulder. The patient was unable to sleep due to constant anxiety due to her pain. She had pain and weakness in her hand due to which she could not grip or grasp or open lids or jars. The patient was able to perform certain activities of daily living (ADLs) at home with medications. She also reported at least 50% functional improvement with use of medications. Low dose Norco was helpful for severe pain. The treating physician refilled low-dose Norco 7.5/325 as needed. for severe pain, Cymbalta,

Voltaren anti-inflammatory gel and omeprazole. On 3/10/14, the request for Norco 7.5/325 mg # 60 was modified to #45; the request of Cymbalta and omeprazole was denied while the request for Voltaren gel 1% was approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78, 91, 124.

Decision rationale: According to CA MTUS guidelines, Hydrocodone / Acetaminophen (Norco) is indicated for moderate to severe pain. It is classified as a short-acting opioid, which is seen as an effective method in controlling chronic pain. Opioids are often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. There is no documentation of any significant improvement in pain level or function with its prior use. In addition, the medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen. Therefore, the medical necessity for hydrocodone has not been established per guidelines.

Cymbalta 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norepinephrine serotonin reuptake inhibitors (NSRIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-15 and 42, 43 and 44 and 60.

Decision rationale: Per CA MTUS Guidelines, Duloxetine (Cymbalta), a NSRI is recommended as an option in first-line treatment in neuropathic pain, anxiety, depression, diabetic neuropathy. In this case, the medical records show that the injured worker has been using Cymbalta since 12/2012, however, there is no documentation of any significant improvement in pain or function with its use ever since. Therefore, the medical necessity of Cymbalta is not established under the guidelines.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton Pump Inhibitors.

Decision rationale: According to the guidelines, proton pump inhibitors, such as Omeprazole, are recommended for patients at risk for gastrointestinal events. Determining factors are 1) age over 65 years, 2) history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, 3) concurrent use of ASA, corticosteroids, and/or an anticoagulants, or 4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The medical records do not establish any of these risk factors are present in the case of this patient. The medical records do not establish this patient is at notable risk for GI events. Therefore, the medical necessity of the request for Omeprazole is not established.