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| Case Number: | CM14-0051723 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 03/06/2006 |
| Decision Date: | 08/26/2014 | UR Denial Date: | 03/25/2014 |
| Priority: | Standard | Application Received: | 04/18/2014 |

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:

This is a 62-year-old male with a date of injury of 3/6/06. The mechanism of injury was not noted in the medical records provided for review. On 3/3/14, he experienced an exacerbation of his right hand pain with numbness, tingling, and decreased grip strength. He was seen on this date for refills of his medications. The physical exam showed restricted range of motion of the right shoulder, right wrist had positive Phalen and reverse Phalen signs with decreased grip strength and distal radial tenderness. The diagnostic impression is brachial neuritis or radiculitis, thoracic or lumbosacral neuritis or radiculitis, shoulder region disorders, and right wrist disorder. Treatment to date has been surgery and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken

as directed, are prescribed at the lowest possible dose, and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional impairment or continued analgesia with the use of opiates. There is no documentation of the lack of adverse side effects or aberrant behavior. There is no documentation of a CURES report or an opiate pain contract. In addition, there is no specified quantity requested. Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not medically necessary.

Prilosec 20mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory medications Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Other Medical Treatment Guideline or Medical Evidence: FDA Prilosec.

Decision rationale: The California MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, gastroesophageal reflux disease (GERD), erosive esophagitis, or patients utilizing chronic NSAID therapy. It was noted that the patient was also prescribed Relafen 750mg, which is an NSAID. Guidelines support the use of proton pump inhibitors such as Prilosec utilizing chronic NSAID therapy. Therefore, the request is medically necessary.

Baclofen cream, 60gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, other muscle relaxants, gabapentin, and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines do not support the use of baclofen, a muscle relaxant, for topical application. Therefore, the request is not medically necessary.