

Case Number:	CM14-0057694		
Date Assigned:	07/09/2014	Date of Injury:	08/07/2013
Decision Date:	09/09/2014	UR Denial Date:	04/12/2014
Priority:	Standard	Application Received:	04/28/2014

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 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 52-year-old male with an 8/7/13 date of injury. The mechanism of injury was not noted. According to a 5/5/14 progress report, the patient complained of right hand and wrist pain and paresthasias. He has had headaches daily since his injury. Objective findings: no erythema or swelling of the right wrist, no hyperesthesia or allodynia of the right wrist, right grip strength 4+/5, and negative guarding. Diagnostic impression: wrist injury; fracture status post surgery with hardware; pain in joint, wrist; myofascial pain. Treatment to date: medication management, activity modification, acupuncture, TENS unit, surgery. A UR decision dated 4/12/14 denied the retrospective requests for omeprazole and LidoPro and modified tramadol from 90 tablets to 68 tablets for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Omeprazole 20mg #60: Upheld

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

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

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. According to the most recent progress report dated 5/5/14, there is documentation that the patient's gastric symptoms are controlled with omeprazole. There was no documentation of risk factors that would warrant the addition of this medication. There was no history of a peptic ulcer, gastrointestinal bleeding or perforation despite her reported gastrointestinal disturbances. Additionally the patient has been switched to ibuprofen from naproxen. There is no documentation of the date of service for this retrospective request. The request for retrospective request for Omeprazole 20mg #60 is not medically necessary.

Retrospective request for Tramadol 50mg #90: Upheld

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

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

Decision rationale: CA 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. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. There is no documentation of the date of service for this retrospective request. The request for retrospective request for Tramadol 50mg #90 is not medically necessary.

Retrospective request for Lidopro 4oz #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

Decision rationale: CA 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, and other muscle relaxants, and 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 then not recommended. Lidocaine in a topical lotion/cream/ointment form is not recommended because the dose is not easily controlled and continued use can lead to systemic toxicity. A specific rationale identifying why LidoPro would be required in this patient despite lack of guidelines support was not identified. There is no documentation of the date of service for this

retrospective request. The request for retrospective request for Lidopro 4oz #1 is not medically necessary.