

Case Number:	CM14-0069331		
Date Assigned:	07/14/2014	Date of Injury:	10/27/2009
Decision Date:	09/26/2014	UR Denial Date:	05/03/2014
Priority:	Standard	Application Received:	05/14/2014

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 has a subspecialty in Pain Management 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 42-year-old male with a 10-27-2009 date of injury, when he fell from a ladder. A 5/3/14 determination was modified. Norco was modified from #100 to #56, ibuprofen was non-certified, Zoloft was certified, Prilosec was non-certified, and acupuncture sessions were non-certified. Reasons for non-certification included, regarding Norco modification was given for the purpose of weaning. Ibuprofen was non-certified given lack of improvement and dosage exceeding evidence based guidelines amount for mild to moderate pain, and the patient did not suffer from ankylosing spondylitis, rheumatoid arthritis, or osteoarthritis. Prilosec was non-certified given no gastrointestinal complaints or findings. A 3/25/14 progress report identified a history of crush injury to the left upper extremity with persistent left wrist and upper arm pain. He has a history of scaphoid fracture and subsequent nonunion and surgery for first carpal row carpectomy. Exam revealed decreased range of motion and strength. Forearm motion is decreased for supination compared to the right side. He has tenderness about the left upper trapezius and levator scapular area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #100 with 3 refills: 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): 79-81.

Decision rationale: Within the records reviewed, there was no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. As such, the request is not medically necessary.

Ibuprofen 800mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: MTUS Guidelines state that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. The patient has continued pain for which an anti-inflammatory might be of help. However, there was no clear indication for the necessity of an 800mg prescription for this patient. There is also no indication for the need of a three month prescription of the medications without prior re-evaluation by the provider to identify if continued prescription is necessary. In addition, the efficacy of the medication was not clearly noted. As such, the request is not medically necessary.

Prilosec 20mg #60 with 3 refills: Upheld

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

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

Decision rationale: MTUS Guidelines 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. While the patient had been on chronic NSAID therapy, there was no indication of any gastrointestinal upset or other conditions that would warrant the chronic use of this medication. As such, the request is not medically necessary.

Six (6) acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. The patient had previous acupuncture sessions. However, the number of sessions completed to date, the functional improvement from the previous sessions, and the functional goals to be reached from therapy were not included for review. There was insufficient documentation to support this request. As such, the request is not medically necessary.