

Case Number:	CM14-0070414		
Date Assigned:	07/14/2014	Date of Injury:	01/10/2012
Decision Date:	09/26/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/15/2014

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 Medicine and is licensed to practice in Texas and Ohio. 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 47-year-old male who reported an injury on 04/03/2014 due to an altercation. On 04/03/2014, the injured worker presented with a lot of wrist and hand pain with numbness and tingling. On examination of the right elbow there was tenderness to palpation and a positive Tinel's. Examination of the right wrist revealed first carpometacarpal is tender to palpation with a positive Tinel's and Phalen's with reduced grip strength and reduced sensation. The diagnoses were lateral epicondylitis, medial epicondylitis, ulnar nerve lesion, anxiety state not otherwise specified and recurrent dislocation of the forearm. Prior treatment included medications and physical therapy. The provider recommended omeprazole, Medrox, and capsaicin. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory medications and gastrointestinal symptoms.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines proton pump inhibitors.

Decision rationale: According to the MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medication that are at moderate to high risk for gastrointestinal events. There is lack of evidence that the injured worker has a diagnosis congruent with the guideline recommendation of Omeprazole. There is lack of documentation of the efficacy of the medication in the request as submitted. As such, the request is not medically necessary.

Medrox pain relief ointment: 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 Analgesics Page(s): 111-113.

Decision rationale: MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. Topical analgesia are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. The guidelines state that capsaicin is recommended only as an option if injured workers who have not responded or are intolerant to other treatments. Included medical documents lack evidence of a failed trial of antidepressants or anticonvulsants. The request does not indicate the frequency, dose, or the site at which the cream was intended for. As such, the request is not medically necessary.

Capsaicin 1% cream: 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 Analgesics Page(s): 111-113.

Decision rationale: MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. Topical analgesia are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. The guidelines state that capsaicin is recommended only as an option if injured workers who have not responded or are intolerant to other treatments. Included medical documents lack evidence of a failed trial of antidepressants or anticonvulsants. The request does not indicate the frequency, dose, or the site at which the cream was intended for. As such, the request is not medically necessary.