

Case Number:	CM14-0073118		
Date Assigned:	07/16/2014	Date of Injury:	11/15/2011
Decision Date:	09/22/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/20/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 51 year old female injured on 11/15/11 to the bilateral wrists and hands due to repetitive motion during normal job duties. The injured worker underwent right carpal tunnel release on 02/03/14 in return for post-operative evaluation on 02/17/14 and 03/10/14. Diagnoses included bilateral medial and lateral epicondylitis, bilateral carpal tunnel syndrome, left wrist post-operative status left carpal tunnel release and bilateral compressive neuropathy at the ulnar nerve distribution. Clinical note dated 03/10/14, indicated the injured worker presented complaining of constant right wrist pain, pain to the right thumb with movement, and associated numbness of the right middle finger. Physical examination of the bilateral elbows revealed tenderness to palpation to the lateral epicondyles. Physical examination of the right wrist revealed scar from surgery to be well healed with no signs of infection. Treatment plan included continuation of the remaining five sessions of post-operative physical therapy, and medications as prescribed. Medications included Oxycodone and a sleeping aid. No further clinical documentation submitted for review regarding medications. Initial request for Motrin 800mg #90, Omeprazole 20mg #30 and Ultracet 37.5mg #60 was non-certified on 05/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #90 (05/01/2014 - 06/15/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that non-steroidal anti-inflammatory drugs (NSAIDs) are more effective than acetaminophen for acute lower back pain. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Further, there is no indication the injured worker cannot utilize the readily available formulation and similar dosage of this medication when required on an as needed basis. As such, the request for Motrin 800mg #90 (05/01/2014 - 06/15/2014) is not medically necessary.

Omeprazole 20mg #30 05/01/2014 - 06/15/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: As noted in the Official Disability Guidelines (ODG) - Online version, Pain Chapter, proton pump inhibitors (PPIs) are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug (NSAID) use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for Omeprazole 20mg #30 05/01/2014 - 06/15/2014) is not medically necessary.

Ultracet 37.5mg/325mg #60 (05/01/201 - 06/15/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear

documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Ultracet 37.5mg/325mg #60 (05/01/201 - 06/15/2014) cannot be established at this time. As such, this request is not medically necessary.