

Case Number:	CM14-0109433		
Date Assigned:	08/01/2014	Date of Injury:	10/04/2001
Decision Date:	08/21/2015	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 male patient who sustained an industrial injury on 10/04/2001. The worker was employed at a meat manufacturing plant where he slaughtered animals, cut and moved meat products involving repetitive use of upper extremities and heavy lifting. The accident was described as while working side by side to another co-worker who was using an electrical wand that caused a reflexing jerk of one of the animals' legs which struck the worker who was holding a knife resulting in injury. He was evaluated received stitches to the right thumb, prescription and returned to modified work duty. In addition, he underwent a course of physical therapy. He states being released from care with ongoing symptoms and about a month later he saw another provider who recommended surgical intervention. Subsequently he underwent right hand surgery with post-operative therapy course. In approximately 2002 he felt the onset of experiencing radiation from the thumb up the entire right arm to the right shoulder and apparently was given medications and suggested with further surgical procedure. In addition, in 23002 sometime he also had neck, back, left shoulder and entire left upper extremity pain. In 2003 more physical therapy was prescribed, to include aquatic sessions. Later in 2003 the patient underwent repeat surgical intervention to the right thumb. Thereafter, the patient had received epidural injections, placement of a spinal cord stimulator, and even uses a motorized wheelchair. An orthopedic examination dated 02/07/2008 reported the following treating diagnoses applied: cervical spine degenerative disc disease; right thumb laceration, status post repair; status post neurolysis of the ulnar digital nerve of the right thumb; severe right upper extremity reflex sympathetic dystrophy; lumbar spine degenerative disc disease; global total body complaints of unclear etiology and a psychological overlay. He is deemed permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPI.

Decision rationale: Guidelines allow for use of a proton pump inhibitor on a prophylactic basis if the patient has risk factors for GI events such as peptic ulcer, GI bleeding or perforation. PPI may also be used for treatment of dyspepsia secondary to NSAID use. In this case, it is unclear if there has been a trial with an H2 blocker, which would have a safer side effect profile. The request for Prilosec 20 mg #60 is not medically appropriate and necessary.

Gabapentin 600mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

Decision rationale: Guidelines support use of Neurontin for neuropathic pain as long as there is functional benefit or improvement such as reduction in work restrictions, and increase in activity tolerance and reduction in use of medications. In this case, there is no reduction in pain documented in the records provided. Thus, the request for Gabapentin 600 mg #90 is not medically appropriate and necessary.

Norco 10/325mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Guidelines support short-term use of opiates for moderate to severe pain after first line medications have failed. Long-term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior. In this case, the patient has been taking Norco without evidence of significant benefit in pain or function to support long-term use. The request for Norco 10/325 mg #120 is not medically appropriate and necessary.

Lidoderm Patches 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 56-57.

Decision rationale: Guidelines state that Lidocaine patch may be recommended for post herpetic neuralgia or localized peripheral pain after first line therapy with antidepressants and anticonvulsants has failed. In this case, there is insufficient documentation of radiculopathy or documentation of failed first line therapy. The request for lidocaine pad 5% #30 is not medically appropriate and necessary.