

Case Number:	CM14-0191546		
Date Assigned:	11/25/2014	Date of Injury:	06/23/2009
Decision Date:	01/14/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/17/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 28 year old female with an injury date on 06/23/2009. Based on the 10/20/2014 progress report provided by the treating physician, the diagnoses are tear of the right triangular fibrocartilage complex, s/p repair on 08/12/2010, right lunotriquetral atrocious ligament, right ulnar shortening osteotomy arthrodesis intercarpal right lunotriquetral articulation with use of right distal radius bone, intraoperative fluoroscopy for guidance of placement of internal fixation at the level of right wrist and also at the level of right forearm, complex regional pain syndrome type II, right shoulder sprain, myofascial pain, left wrist sprain, right de Quervain tenosynovitis, radial styloid tenosynovitis, right first dorsal compartment release, another surgery of incision extensor tendon sheath wrist de Quervain disease application of short arm splint and possible CRPS right side. According to this report, the patient complains of "continues to feel the extreme aggravation of pain somewhere in between an 8-9, on 0-10 scale in the right hand going up into the right wrist, right elbow even going up into the right shoulder and right side of the neck. The patient states that she feels a lot of numbness, tingling as well as cramps and extreme stabbing sensation going all the way down into the hand." Physical exam indicates tenderness and stiffness at the right cervical paravertebral, medial border of the right scapular area, right AC joint, dorsal aspect of right triangular fibrocartilage, right scapholunate region, and right medial epicondyle. Right shoulder and elbow range of motion is restricted. Neer's, Hawkins, Tinel's, and left Finkelstein test are positive. The 09/22/2014 report indicates the patient's pain is "somewhere 6-7 with the help of medication it is somewhat manageable, but not a whole a lot." There were no other significant findings noted on this report. The utilization review denied the request for 1 Prescription for Omeprazole 20mg #60, 1 Prescription for Lyrica 100mg #0, and 1 Prescription

for new Terocin #120 on 11/04/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 06/04/2014 to 10/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Omeprazole 20mg QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: According to the 10/20/2014 report, this patient presents with 8-9/10 pain in the right upper extremity and neck. Per this report, the current request is for 1 Prescription for Omeprazole 20mg QTY: 60.00. This medication was first mentioned in the 06/30/2014 report; it is unknown exactly when the patient initially started taking this medication. The MTUS page 69 states under NSAIDs prophylaxis to discuss; GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." MTUS further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of reports show that the patient is not currently on NSAID and has no gastrointestinal side effects with medication use. The patient is not over 65 years old; no other risk factors are present. The treating physician does not mention if the patient is struggling with GI complaints and why the medication was prescribed. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the physician does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Therefore, the request is not medically necessary.

1 Prescription for Lyrica 100mg QTY: 60.00: Overturned

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

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

Decision rationale: According to the 10/20/2014 report, this patient presents with 8-9/10 pain in the right upper extremity and neck. Per this report, the current request is for 1 Prescription for Lyrica 100mg QTY: 60.00. This medication was first mentioned in the 06/04/2014 report; it is unknown exactly when the patient initially started taking this medication. The MTUS guidelines

has the following regarding Pregabalin (Lyrica), "Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. In June 2007 the FDA announced the approval of Pregabalin as the first approved treatment for fibromyalgia." Review of reports indicates that the patient has upper extremity neuropathic pain. The ODG guidelines support the use of anti-convulsants for neuropathic pain. The treating physician indicates in the 09/22/2014 report that the patient's pain is "somewhere 6-7 with the help of medication it is somewhat manageable." In this case, the patient presents with neuropathic pain and the physician documented medication efficacy. Therefore, the request is medically necessary.

1 Prescription for new Terocin QTY: 120.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Cream Page(s): 111-113.

Decision rationale: According to the 10/20/2014 report, this patient presents with 8-9/10 pain in the right upper extremity and neck. Per this report, the current request is for 1 Prescription for new Terocin QTY: 120.00. Terocin patches are a dermal patch with 4% lidocaine, and 4% menthol. The MTUS guidelines state that Lidocaine patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsion have failed. ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Review of reports indicates that the patient has upper extremity neuropathic pain but is not localized. In this case the treating physician has not documented that a trial of anti-depressants and anti-convulsion have failed, the location of trial of the Lidoderm patches is not stated and there is no clear documentation of neuropathic pain that is peripheral and localized. The request is not medically necessary.