

Case Number:	CM14-0197720		
Date Assigned:	12/08/2014	Date of Injury:	05/23/2012
Decision Date:	01/16/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/25/2014

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 Internal Medicine and is licensed to practice in New York. 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 57 year old female with a date of injury of 05/23/2012. She was sorting oranges on a conveyor belt and as she threw an orange she noted a strain of her right wrist, right elbow and right shoulder. She was diagnosed with carpal tunnel syndrome, subacromial bursitis and tendonitis of the wrist and elbow. X-rays revealed no bony abnormalities. In 2013 she had carpal tunnel release surgery and right wrist arthroscopic debridement surgery. On 10/15/2014 she had 7/10 right hand pain. The listed diagnoses included tendonitis/tenosynovitis of the right elbow, subacromial bursitis, carpal tunnel syndrome and tendonitis of the wrist. Lyrica improved the pain 60%. Her medications included first omeprazole 20 mg daily and then pantoprazole 20 mg daily. She had soft tissue swelling of the right wrist. Her grip strength was 4/5 bilaterally. She was told that she might require repeat wrist surgery. She was also taking Naproxen BID.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month supply of Omeprazole 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risks Page(s): 68.

Decision rationale: Chronic Pain Medical Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk recommends this medication with precautions as indicated below. Clinicians should weight 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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. Recommendations for the use of this medication includes patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.), patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardio protection) and a PPI. The patient is under 65 years of age, has no documentation or peptic ulcer disease or GI bleed and does not meet the above criteria for continued proton pump inhibitor treatment. Therefore the request is not medically necessary.

60 Lidoderm patches: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: MTUS, Chronic Pain, Lidoderm is "not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." There is no documentation that this patient has or had post-herpetic neuralgia. Therefore the request is not medically necessary.