

Case Number:	CM14-0204955		
Date Assigned:	01/29/2015	Date of Injury:	03/07/2013
Decision Date:	03/11/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/08/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year-old male with a date of injury of March 7, 2013. According to progress report dated November 4, 2014 the patient presents with left upper extremity pain. It was noted that the patient has increased medication intake due to escalated pain. The patient's medication regimen includes fenoprofen, gabapentin, cyclobenzaprine, Omeprazole and Hydrocodone. Physical examination revealed decreased grip strength on the right side. The patient was noted to be unable to make a fist and has significant decreased sensation on the fourth and fifth digits of the left-hand. There is some functional loss. Some mild tenderness at the elbow at the origin of the extensor tendons for the wrist was also noted. The list of diagnoses are status post dramatic injury of the left-hand suffering crush injuries to the left hand and functional motion loss in multiple digits. Patients work status was not addressed. The utilization review deny the request for refill of medications on November 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen 300mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: This patient presents with left upper extremity pain. The current request is for Fenopufen 300mg #90. The Utilization review denied the request stating that it is not evident that the addition of another NSAID, such as fenopufen, is medically necessary as the patient has adequate pain control with Naprosyn. For anti-inflammatory medications, the MTUS Guidelines page 22 states, Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. This is an initial request for this medication. Although the treating physician has not discussed why Fenopufen is being initiated at this time, this medication is recommended as a first line of treatment to reduce pain. Given the patient continued upper extremity pain, the requested Fenopufen IS medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter

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

Decision rationale: This patient presents with left upper extremity pain. The current request is for Omeprazole 20mg #60. The treating physician has prescribed this medication for GI prophylaxis as he has been on NSAIDs for a prolonged period of time. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age is greater than 65, 2. History of peptic ulcer disease and GI bleeding or perforation, 3. Concurrent use of ASA or corticosteroid and/or anticoagulant, 4. High dose/multiple NSAID. The patient has been taking NSAID on a long term basis, but the treating physician does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. This request IS NOT medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: This patient presents with left upper extremity pain. The current request is for Cyclobenzaprine 7.5mg #60. On 11/4/14, the treating physician added a prescription for cyclobenzaprine for the patient's forearm spasms. The MTUS Guidelines page 63-66 states, muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as a

second-line option for short-term treatment of acute exasperation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. This is an initial request for Cyclobenzaprine. In this case, the treating physician has prescribed #60 and MTUS Guidelines support the use of cyclobenzaprine for short course of therapy and not longer than 2 to 3 weeks. The requested cyclobenzaprine IS NOT medically necessary.