

Case Number:	CM15-0003752		
Date Assigned:	01/14/2015	Date of Injury:	05/23/2012
Decision Date:	03/23/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/08/2015

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, Arizona
 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 injured worker is a 57-year-old female who reported an injury on 05/23/2012. The mechanism of injury was not submitted for review. The injured worker's has diagnoses of subacromial bursitis, tendinitis and/or tenosynovitis of the elbow region, carpal tunnel syndrome, and tendinitis of the wrist. Other treatment consists of surgery, therapy, and medication therapy. Medications include topical analgesia, Diovan, Flector 1.3% patch, flurbiprofen, Lyrica 50 mg, Lyrica 75 mg, omeprazole 20 mg, pantoprazole 20 mg, and prednisone 10 mg. On 10/15/2014, the injured worker complained of wrist and hand pain. The injured worker rated the pain a 7/10. There was decreased strength in the right hand compared to the left and decreased fine motor skills. There was tingling, weakness, and cramps, but reports no bladder symptoms, no bowel symptoms, and no numbness, no confusion or memory loss. There as tenderness to palpation over the carpal tunnel and common extensor tendons of the wrist on the right arm. Grip strength was weak at 4/5 bilaterally. No UAs or drug screens were submitted for review. Medical treatment plan was for the injured worker to continue with medication therapy. Rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Patches of Fentanyl 25mcg (3 month supply): 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 Duragesic (fentanyl), ongoing management, opioid dosing Page(s): 44, 78, 86.

Decision rationale: The request for 10 Patches of Fentanyl 25mcg (3 month supply) are not medically necessary. The California MTUS indicate that fentanyl is not recommended as first line therapy. The FDA approved product labeling states that fentanyl is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. There should be documentation of an objective improvement in function, objective decrease in pain and evidence that the patient is being monitored for aberrant drug behavior and side effects. Cumulative dosing of all opiates should not exceed 120 mg or a morphine equivalent per day. The submitted documentation did not indicate the efficacy of medication, nor did it indicate that the patches were helping with any functional deficits the injured worker had. There were no pain assessments submitted for review indicating what pain levels were before, during, and after medication application. Therefore, the injured worker is not within the MTUS recommended guidelines criteria. As such, the request is not medically necessary.

60 Capsules of Omeprazole 20mg (3 Month Supply): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition Chapter: Pain Proton Pump Inhibitors (PPI)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for 60 Capsules of Omeprazole 20mg (3 Month Supply) is not medically necessary. According to the California MTUS Guidelines, proton pump inhibitors may be recommended for patients with dyspepsia secondary to NSAID therapy or for patients taking NSAID medications who are at moderate to high risk for gastrointestinal events. The submitted documentation did not indicate that the injured worker had complaints of dyspepsia. Additionally, there was no evidence of the injured worker being at risk for gastrointestinal events. Given the above, the request cannot be warranted. As such, the request is not medically necessary.

30 Capsules of Celebrex 200mg (3 Supply Month): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 30.

Decision rationale: The request for Celebrex 200 mg is not medically necessary. The California MTUS Guidelines state that Celebrex is a nonsteroidal anti-inflammatory drug with a Cox 2 inhibitor that does not interfere with aspirin's antiplatelet activity. Cox 2 inhibitors have a decreased risk for gastrointestinal events in at risk injured workers. NSAIDs are not recommended for a treatment of long term neuropathic pain. The submitted documentation indicated that the injured worker had wrist pain. However, there was no pain assessments for pain levels via VAS. Additionally, the efficacy of the medication was not submitted for review nor was it indicated that the Celebrex was helping the injured worker with functional deficits the injured worker might have had. Given that there were no other significant factors submitted for review, the request would not be indicated. As such, the request is not medically necessary.

60 Patches of Lidoderm 5% (3 Months Supply): 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 Topical Analgesic Page(s): 111-113.

Decision rationale: The request for 60 Patches of Lidoderm 5% (3 Months' Supply) is not medically necessary. The California MTUS Guidelines state that topical compounds are largely experimental and used in few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, any compounded product that contains at least one drug that is not recommended is not recommended. The guidelines state that Lidoderm patches are the only topical form of lidocaine approved. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that the patches were helping with any functional deficits the injured worker had. Additionally, there were no pain assessments provided for review via VAS. Furthermore, the request as submitted did not indicate a frequency for the medication. Given the above, the request would not be indicated. As such, the request is not medically necessary.