

Case Number:	CM15-0009263		
Date Assigned:	01/27/2015	Date of Injury:	01/14/2009
Decision Date:	03/13/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/15/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 40 year old male who sustained a work related injury to his left arm and hand on January 14, 2009. There was no mechanism of injury documented. He sustained a compound comminuted fracture of the left radius and ulna and underwent an open reduction internal fixation with subsequent revision of hardware for non-union. He is diagnosed with Complex Regional Pain Syndrome (CRPS). According to the primary treating physician's progress report on December 5, 2014 the left forearm was significantly atrophied with sensory abnormalities, dysesthesia and mottling of the skin. The injured worker also was noted to have profuse sweating atrophy weakness and hair loss. Current medications are Gabapentin, Cyclobenzaprine, Omeprazole and Fenoprofen. There were no current treatment modalities documented. The treating physician requested authorization for Fenoprofen, Omeprazole, and Urine Drug Test. On December 16, 2014 the Utilization Review denied certification for Fenoprofen, Omeprazole and authorized the urine drug screen for quantitative testing for the standard drug panel. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: In accordance with California MTUS guidelines, PPIs (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDs and if the patient has gastrointestinal risk factors. Whether the patient has cardiovascular risk factors that would contraindicate certain NSAID use should also be considered, the guidelines state, recommend with precautions as indicated. 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). This patient does not have any of these gastrointestinal or cardiovascular risk factors. It is also being recommended that this patient not be on chronic NSAIDs. Likewise; this request for Omeprazole is not medically necessary.

Fenoprofen: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): Pages: 64, 102-105, 66..

Decision rationale: In accordance with California MTUS guidelines, NSAIDS are recommended as an option for short-term symptomatic relief. These guidelines state, “A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics.” The MTUS guidelines do not recommend chronic use of NSAIDS due to the potential for adverse side effects. Likewise, this request for Fenoprofen is not medically necessary.

Urine drug testing: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioid Page(s): pages 77-79.

Decision rationale: The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. Any patient on chronic opiate therapy is recommended to have routine drug screens performed. Regarding this patient's case, his medical records note him

to be taking Hydrocodone. Routine drug screening is indicated. Likewise, this request for drug testing is considered medically necessary.