

Case Number:	CM15-0133239		
Date Assigned:	07/21/2015	Date of Injury:	05/29/2013
Decision Date:	08/17/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/09/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 (IW) is a 54-year-old female who sustained an industrial injury on 05/29/2013. Diagnoses include carpal tunnel syndrome and ulnar nerve lesion. Treatment to date has included medications, endoscopic carpal tunnel release (ECTR), physical therapy, injections and acupuncture. According to the progress notes dated 5/27/15, the IW reported left hand pain, numbness and tingling. Acupuncture was providing functional improvement, allowing for better sleep. Right hand pain was worsening due to compensation for the left hand injury that occurred a few weeks before, due to a fall. On examination, the left hand was inflamed. Tinell's and Phalen's tests were positive bilaterally and hand grip strength was reduced bilaterally. Range of motion of the wrists and hands was within functional limits. A request was made for Hydrocodone/APAP 10/325mg, #60, Omeprazole 20mg, #30 and Orphenadrine ER 100mg, #60. Medications are office dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/Acetaminophen Page(s): 80, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines have very specific standards that are recommended to justify the long term use of opioid medications. These standards include detailed documentation of the amount of pain relief from the opioid, detailed documentation of the length of relief, detailed documentation of functional improvements as a result of opioid use and monitoring for drug related aberrant behaviors. These standards have not been met. There is no documentation of significant pain relief or improved function from opioid use. There is no review for possible aberrant drug related behaviors. Under these circumstances, the Hydrocodone/APAP 10/325mg #60 is not supported by Guidelines and is not medically necessary.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 22-25, Chronic Pain Treatment Guidelines NASIDS and GI distress Page(s): 68.

Decision rationale: MTUS Guidelines recommend minimum medical standards be met to support a diagnosis and treatment. These standards have not been met in relationship to the office dispensed Omeprazole. There is no medical history, review of systems or physical exam findings that support the use of Omeprazole. Guidelines do not recommend the use of Omeprazole unless there are risk factors associated with NSAID use, however NSAIDs are not being utilized. This class of drugs are no benign as long term use is associated with increased fractures, lung infections, and biological mineral dysregulation. Under these circumstances, the Omeprazole 20mg #30 is not supported by Guidelines and is not medically necessary.

Orphenadrine 100mg ER #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Orphenadrine Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: MTUS Guidelines are very specific in the recommendation that this class of muscle relaxants be limited to short term daily use. If they prove to be highly effective limited intermittent use for distinct flare-ups is Guidelines supported. There is no evidence that they have been effective and the medication is being dispensed for daily chronic use. Under these circumstances, the Orphenadrine 100mg ER #60 is not supported by Guidelines and is not medically necessary.