

Case Number:	CM15-0166857		
Date Assigned:	09/04/2015	Date of Injury:	08/29/2011
Decision Date:	10/06/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/25/2015

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: Pennsylvania

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 52 year old male who sustained a work related injury August 29, 2011. Past history included right shoulder surgery and right knee surgery medial meniscus. According to a primary treating physician's progress report, dated July 13, 2015, the injured worker presented with continued pain and difficulty with stress, anxiety, depression and sleep deprivation. He has bilateral hand pain, right greater than left, with burning into the fingers, bilateral arm discomfort, shoulder pain with burning, waking at night due to pain and then tired in the day, and stress related to pain and loss of income. Wrists and other orthopedic tests are documented as; modified Phalen's sign positive right and left; Phalen's sign positive right and left; Tinel's sign with carpal tunnel positive right and left. Diagnoses are bilateral carpal tunnel syndrome; right shoulder symptoms; sleep deprivation; and stress, anxiety and depression. Treatment plan included to complete functional restoration program, follow-up for internal treatment and follow-up with pain management for care. At issue, is the retrospective request for Anaprox, Prilosec, and Ultracet. As of a notation from the week of 7-14-2015-7-17-2015, the injured worker has attended the functional restoration program for 20 hours. He has received physical therapy, cognitive behavioral therapy and pain management training. He will be visiting his terminally ill father out of state, July 18, 2015 and return to program on August 5, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Anaprox DS 550mg BID PRN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Non-steroidal anti-inflammatory drugs such as Anaprox may be recommended for osteoarthritis and acute exacerbations of chronic back pain. However it is recommended only as a second line treatment after acetaminophen. Significant risks for side effects exist with non-steroidal anti-inflammatory drugs as compared to acetaminophen. Furthermore there is no evidence of long-term effectiveness for pain or function with the use of non-steroidal anti-inflammatory drugs. In reference to Norco and Anaprox, it is stated in the record, "Without these medications he is much more in pain and is not able to function as well throughout the day." It is not clear that there is any added benefit to his pain control with the Anaprox in addition to the Norco. Furthermore there is no indication of a trial of acetaminophen instead of Anaprox. Although the short-term use of Ibuprofen for an acute exacerbation of pain may have been appropriate for this worker, the continued long-term use would not be appropriate, particularly with no documentation of benefit specific to Anaprox after having already been on the medication for an extended period of time. Therefore the request is not medically necessary.

Retrospective request for Prilosec 20mg BID PRN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Proton pump inhibitors such as omeprazole are indicated for patients on NSAID's at intermediate risk for gastrointestinal events. These risks include age >65, history of peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroid, and/or an anticoagulant, or high dose/multiple NSAID. The medical records available to this reviewer did not indicate that this worker was at risk for gastrointestinal events. It is stated that he has less GI complaints while on the Prilosec, but there is no indication what those GI complaints were. It is not clear that continued Prilosec is required at this time. Therefore, omeprazole cannot be considered to be medically necessary. Therefore, omeprazole is not medically necessary.

Retrospective request for Ultracet 37.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. In reference to Norco and Anaprox, it is stated in the record, "Without these medications he is much more in pain and is not able to function as well throughout the day." It is also stated, "The patient has been able to keep his Norco down to a minimum with Ultracet." However this is inadequate to substantiate the need for an opioid as there is no objective measure of response in regards to pain or function with the use of opioids. Therefore the request is not medically necessary.