

Case Number:	CM15-0192522		
Date Assigned:	10/07/2015	Date of Injury:	10/23/2013
Decision Date:	12/10/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/30/2015

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: New York, California
 Certification(s)/Specialty: Emergency 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 is a 59 year old female, who sustained an industrial injury on 10-23-2013. She has reported subsequent right thumb pain and was diagnosed with right thumb pain and DeQuervain's tenosynovitis. An MRI dated 05-07-2015 was noted to show right dorsal wrist ganglion cyst dorsum to the capitate lunate. Treatment to date has included oral and topical pain medication, splinting, transcutaneous electrical nerve stimulator (TENS) unit, physical therapy, a home exercise program and psychotherapy. Physical therapy was noted to provide minimal benefit and other measures were noted to provide pain relief. In a psychological progress note dated 08-05-2015, the injured worker's mood was noted to be anxious due to planned hand-wrist surgery. The physician noted that this was the injured worker's seventh session of a course of 12 authorized sessions of cognitive behavioral therapy and that she was making progress towards goals and managing depressive symptoms better than in the past. Documentation shows that Omeprazole, Cyclobenzaprine, Naproxen and Lidopro cream was prescribed since at least 02-18-2015. Venlafaxine was noted to be restarted on 02-24-2015 for depressive symptoms. In a treating physician's note dated 08-12-2015, the injured worker reported ongoing tenderness in the dorsum of the wrist and distal forearm with tightness and tenderness along the back of the thumb. The severity of pain and degree of effectiveness of medication at relieving symptoms was not documented. Objective findings showed small cystic mass on the dorsum of the right wrist just ulnar to the midline, swelling and considerable tenderness in the area of the intersection less in the 2nd extensor compartment and comparing the left to the right wrist ulnar wrist deviation and minimal tethering of the right thumb into extension. The physician noted that surgery was

planned for 08-25-2015 but the surgery did not take place on this date and was rescheduled for 09-22-2015. In a progress note dated 09-01-2015, the injured worker reported continued right wrist pain with 40% improvement with wrist splint and medications. The severity of pain was not documented. The injured worker was also noted to have depressive symptoms and to be taking Venlafaxine which was well tolerated. A psychology cognitive behavioral therapy request was noted to be pending. Objective examination findings revealed well-healed surgical scar on the aspect of the right wrist, decreased range of motion of the right wrist with flexion and tenderness to palpation near the radial styloid and over scar. Work status was documented as temporarily totally disabled. A retrospective request for authorization of Omeprazole 20 mg qty 180 on date of service 09-01-2015, Cyclobenzaprine 7.5 mg qty 180 on date of service 09-01-2015, Venlafaxine 75 mg qty 180 on date of service 09-01-2015, Naproxen Sodium 550 mg qty 60 on date of service 09-01-2015 and LidoPro cream 121 gm qty 3 on date of service 09-01-2015 was submitted. As per the 09-14-2015 utilization review, the aforementioned requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Omeprazole 20mg QTY: 180 (DOS: 09/01/2015): 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: According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history or gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. The request does not include frequency or dosing. Omeprazole is not medically necessary based on the MTUS.

Retrospective: Cyclobenzaprine 7.5mg QTY: 180 (DOS: 09/01/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: According to CA MTUS, cyclobenzaprine is recommended as an option for short course of therapy. Effect is noted to be modest and is greatest in the first 4 days of treatment. The IW has been receiving this prescription for a minimum of 6 months according to

submitted records. This greatly exceeds the recommended timeframe of treatment. In addition, the request does not include dosing frequency or duration. The IW's response to this medication is not discussed in the documentation. The request is not medically necessary.

Retrospective: Venlafaxine 75mg QTY: 180 (DOS: 09/01/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, treatment of depression.

Decision rationale: Per the MTUS, antidepressants may be indicated for some kinds of chronic pain. When prescribed, the MTUS gives clear direction for outcome measurements, including functional improvement. No medical reports show specific functional benefit and pain relief to meet the MTUS recommendations for treating pain with antidepressants. The MTUS does not provide specific direction for the use antidepressants to treat depression. The Official Disability Guidelines recommend antidepressants to treat depression, although it is stated that they are not helpful for mild depression. They are recommended in combination with other treatments for more severe depression. The records document more severe depression, suicidal ideation, psychotherapy, and some degree of ongoing benefit from antidepressants for the ongoing psychiatric symptoms. On balance, the records provide enough information of ongoing psychiatric disease and benefit from the antidepressants to warrant their continuation. The IW has been taking this medication without functional improvement of reported benefits from these medications. Additionally, the request does not include frequency or dosing of medication. Without the support of the documentation or adherence to the guideline, the request is determined not medically necessary.

Retrospective: Naproxen Sodium 550mg QTY: 60 (DOS: 09/01/2015): Upheld

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

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

Decision rationale: According to CA MTUS chronic pain guidelines, Naproxen is a non-steroidal anti-inflammatory drug that is used for the treatment of osteoarthritis. Further stated, non-steroidal anti-inflammatory agents are "recommended as an option for short term symptomatic relief" for the treatment of chronic low back pain. It is recommended that the lowest dose be utilized for a minimal duration of time. The IW has been taking this medication for a minimum of 4 months without documented improvement of symptoms. The documentation does not document a diagnosis of osteoarthritis. Improvement of symptoms specifically to the use of NSAIDs currently prescribed is not documented. Additionally, the request does include frequency and dosing of this medication. The request is not medically necessary.

Retrospective: LidoPro Cream 121gm QTY: 3 (DOS: 09/01/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: Lidopro is a topical ointment consisting of the ingredients capsaicin, lidocaine, menthol and methyl salicylate ointment. According to CA MTUS chronic pain guidelines, lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch Lidoderm patch the only commercially approved topical formulations of lidocaine for indicated neuropathic pain. For non-neuropathic pain, lidocaine is not recommended. The requested formulation is an ointment and not the approved patch. In addition, the request does not include the intended location or frequency of application. Without this information, the request is not medically necessary.