

Case Number:	CM15-0207791		
Date Assigned:	10/26/2015	Date of Injury:	07/07/2014
Decision Date:	12/11/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/21/2015

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: 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 was a 39 year old female, who sustained an industrial injury, July 7, 2014. The injured worker was undergoing treatment for status post left ganglion cyst excision of the wrist and recurrent ganglion cyst. According to a progress note of September 18, 2015, the injured worker's chief complaint was constant left wrist pain as well as the thumb side of the palm, which radiates to the forearm. The pain was described as stabbing, burning or electric shock in nature. The pain was worse with movement of the wrist. The pain interferes with activities of daily living. The physical exam noted tenderness of the left upper extremity with palpation of the radiocarpal joint volarly and radiolunate. There was no range of motion deficit. The injured worker previously received the following treatments massage therapy, 6 sessions of physical therapy which was not helpful, failed aspiration surgery, Ibuprofen, Toradol and Salonpas patch. The RFA (request for authorization) dated September 18, 2015; the following treatments were requested September 18, 2015: prescriptions for Norco 5-325mg #60 with no refills, Omeprazole 20mg #90 with no refills and LidoPro cream 121gm no refills. The UR (utilization review board) denied certification on September 28, 2015, for prescriptions for Norco 5-325mg #60 with no refills, Omeprazole 20mg #90 with no refills and LidoPro cream 121gm no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60 (RX Date 09/18/15): 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): Opioids, criteria for use, Medications for chronic pain, Opioids for chronic pain.

Decision rationale: Based on the 09/18/15 progress report provided by treating physician, the patient presents with left wrist pain as well as the thumb side of the palm, which radiates to the forearm. The patient is status post left wrist ganglion cyst excision in January 2015. The request is for Norco 5/325mg #60 (RX Date 09/18/15). Patient's diagnosis on 09/18/15 included recurrent ganglion cyst. Physical examination on 09/18/15 revealed tenderness to palpation of the left upper extremity over the volar radiocarpal joint and radiolunate. Treatment to date has included failed aspiration surgery, physical therapy, massage and medications. Patient's medications include Norco, Omeprazole, Ibuprofen and Lidopro cream. The patient is temporarily totally disabled. MTUS Guidelines page 76 to 78, under the Criteria for initiating opioids, recommend that reasonable alternatives have been tried, concerning the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids maybe tried at this time. MTUS states, "Functional assessment should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities." Per 09/18/15 report, treater states, "A script for Norco 5/325 b.i.d. p.r.n. severe pain was also given for breakthrough pain." It appears the patient has a new requesting physician, since the date of injury is 06/07/14, and 09/18/15 is the date of doctor's first report. Per 09/18/15 report, treater states "Omeprazole 20mg q. daily for GI irritation due to medication side effects. [the patient] will stop ibuprofen and tramadol due to GI irritation." The treater discontinued Tramadol and initiated Norco. Trialing a new opioid would appear to be supported by guidelines. However, recommendation for initiating a new opioid cannot be supported as there is no functional and baseline pain assessment. MTUS states, "Functional assessments should be made. Function should include social, physical, psychological, daily and work activities." Given the lack of documentation as required by guidelines, the request is not medically necessary.

Omeprazole 20mg #90 (RX Date 09/18/15): Upheld

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

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

Decision rationale: Based on the 09/18/15 progress report provided by treating physician, the patient presents with left wrist pain as well as the thumb side of the palm, which radiates to the forearm. The patient is status post left wrist ganglion cyst excision in January 2015. The request

is for Omeprazole 20mg #90 (RX Date 09/18/15). Patient's diagnosis on 09/18/15 included recurrent ganglion cyst. Physical examination on 09/18/15 revealed tenderness to palpation of the left upper extremity over the volar radiocarpal joint and radiolunate. Treatment to date has included failed aspiration surgery, physical therapy, massage and medications. Patient's medications include Norco, Omeprazole, Ibuprofen and Lidopro cream. The patient is temporarily totally disabled. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, pages 68-69 states that "Clinicians should weigh 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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." It appears the patient has a new requesting physician, since the date of injury is 06/07/14, and 09/18/15 is the date of doctor's first report. It is not known when this medication was initiated. Per 09/18/15 report, treater states "Omeprazole 20mg q. daily for GI irritation due to medication side effects. [the patient] will stop ibuprofen and tramadol due to GI irritation." MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. In this case, treater has not provided GI risk assessment as required by guidelines; and the patient is no longer on NSAID therapy. Therefore, the request is not medically necessary.

Lidopro Cream 121gm (RX Date 09/18/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

Decision rationale: Based on the 09/18/15 progress report provided by treating physician, the patient presents with left wrist pain as well as the thumb side of the palm, which radiates to the forearm. The patient is status post left wrist ganglion cyst excision in January 2015. The request is for Lidopro cream 121gm (RX Date 09/18/15). Patient's diagnosis on 09/18/15 included recurrent ganglion cyst. Physical examination on 09/18/15 revealed tenderness to palpation of the left upper extremity over the volar radiocarpal joint and radiolunate. Treatment to date has included failed aspiration surgery, physical therapy, massage and medications. Patient's medications include Norco, Omeprazole, Ibuprofen and Lidopro cream. The patient is temporarily totally disabled. MTUS, Topical Analgesics Section page 111 states: "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Per 09/18/15 report, treater states "LidoPro cream as needed for pain." MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form, per MTUS. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.