

Case Number:	CM15-0035781		
Date Assigned:	03/04/2015	Date of Injury:	12/08/2005
Decision Date:	04/15/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/25/2015

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: 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 is a 50-year-old female, who sustained an industrial injury on 12/8/05. She has reported right arm injury. The diagnoses have included status post right middle trigger finger release and complication of right middle trigger finger release with injury to common digital nerve status post repair. Treatment to date has included repair of a common digital nerve following initial trigger finger release, physical therapy and oral medications. Currently, the injured worker complains of right hand pain with intermittent swelling. Physical exam dated 1/22/15 revealed full range of motion, slight discomfort at base of the third finger, slight tenderness of third finger, well-healed incisions and intact sensation. On 2/4/15 Utilization Review non-certified Naprosyn 500mg #60, noting lack of documentation of therapeutic and functional benefit of ongoing; Neurontin 300mg #4 noting the lack of documentation illustrating the functional therapeutic benefit in ongoing use, #45 allowed for weaning purposes 5, Flector patch 1/3% #30, noting lack of documentation of neuropathic pain and Omeprazole 20mg #30, noting lack of documentation that the injured worker is at risk for gastrointestinal events. The MTUS, ACOEM Guidelines, was cited. On 2/22/15, the injured worker submitted an application for IMR for review of Naprosyn 500mg #60, Neurontin 300mg #45, Flector patch 1/3% #30 and Omeprazole 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500 mg Qty 60, 1 tablet every 12 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non steroidal antiinflammatory drugs (NSAIDs) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents with increasing pain in the right middle finger with intermittent swelling. The request is for NAPROSYN 500MG QTY 60, 1 TABLET EVERY 12 HOURS. The RFA was not provided. The patient is status-post repair of an injured common digital nerve on 05/08/12. The patient continues to work without restriction. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, the prescription for Naprosyn was first mentioned in the progress report dated 09/10/14 and the patient has been taking it since at least then. The patient does suffer from chronic pain for which NSAIDs are indicated. However, the treater does not document any improvement in function due to the NSAID. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Without some documentation that this medication is being used with efficacy, the request IS NOT medically necessary.

Neurontin 300 mg Qty 90, 1 tablet every 8 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: The patient presents with increasing pain in the right middle finger with intermittent swelling. The request is for NEURONTIN 300MG QTY 90, 1 TABLET EVERY 8 HOURS. The RFA was not provided. The patient is status-post repair of an injured common digital nerve on 05/08/12. The patient continues to work without restriction. MTUS has the following regarding Gabapentin on pg 18,19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain."The prescription for Neurontin was first mentioned in the progress report dated 09/10/14 and the patient has been taking it since a least then. In review of medical reports, there are no

documentations or evidence of neuropathic pain for which this medication is indicated. Therefore, the request IS NOT medically necessary.

Flector patch 1.3% Qty 30, 1 every 12 hours; on 12 hours/ off 12 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Official disability guidelines chapter Pain and Topic Flector patch.

Decision rationale: The patient presents with increasing pain in the right middle finger with intermittent swelling. The request is for NEURONTIN 300MG QTY 90, 1 TABLET EVERY 8 HOURS. The RFA was not provided. The patient is status-post repair of an injured common digital nerve on 05/08/12. The patient continues to work without restriction. Regarding topical NSAIDs, MTUS Topical Analgesics, pg 111-113 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." ODG Guidelines, chapter Pain and Topic Flector patch state that "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks." Per MTUS guidelines, Flector patch is indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. In this case, the patient does not present with peripheral joint osteoarthritis or tendinitis. Furthermore, the treater does not document any improvement in function due to the NSAID. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Without some documentation that this medication is being used with efficacy, the request IS NOT medically necessary.

Omeprazole 20 mg Qty 30, 1 tablet every day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); GI Symptoms & cardiovascular risk Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with increasing pain in the right middle finger with intermittent swelling. The request is for OMEPRAZOLE 20 MG QTY 30, 1 TABLET EVERY DAY. The RFA was not provided. The patient is status-post repair of an injured common digital nerve on 05/08/12. The patient continues to work without restriction. MTUS pg 69 states, "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)."

"Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI."The prescription for Omeprazole was first mentioned in progress report dated 12/03/14. MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present. Review of the medical records did not show history of GI symptoms, complaints, or issues such as GERD, gastritis or PUD for which a PPI may be indicated. The patient is under 65 years of age. The patient does not present with an indication for Omeprazole. Therefore, the request IS NOT medically necessary.