

Case Number:	CM15-0080405		
Date Assigned:	05/01/2015	Date of Injury:	06/11/1999
Decision Date:	06/01/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/27/2015

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: Connecticut, California, Virginia
 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 is a 53-year-old male, who sustained an industrial injury on 06/11/1999. According to a progress report dated 03/27/2015, the injured worker was seen for a refill of medications. Bilateral wrist weakness was noted. Pain was rated 7 on a scale of 1-10 with left wrist symptoms greater. She still declined cubital tunnel release. There was no change in functional status since last examination. Review of symptoms noted diarrhea, gastritis, depression, and anxiety, stress and sleep disturbance. Diagnoses included left wrist status post carpal tunnel release with ganglion excision, right wrist sprain/strain, gastrointestinal discomfort and gastroesophageal reflux disease. Medications prescribed included Tramadol, Prilosec, Flurb/Cap/Menthol cream and Ibuprofen. Currently under review is the request for Ibuprofen, Prilosec and one container of Flurbiprofen/Capsaicin/Menthol cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The provided records indicate that there is gastrointestinal upset present subsequent to treatment with NSAIDs. This is concerning when considering use of NSAIDs, and according to the MTUS; it is recommended that the lowest dose for the shortest period be used in patients with moderate to severe pain. Per the MTUS, acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The main concern for drug selection is based on risk of adverse effects. In this case, given the complaint of gastric discomfort and lack of evidence to support efficacy in improving pain or functional improvement, it appears the risk of treatment with Ibuprofen likely outweighs the benefit and therefore the treatment is not considered medically necessary.

Prilosec 20mg #360: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: Provided clinical notes request Prilosec given reported history of gastrointestinal discomfort and GERD. The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. There is no formal objective evidence on the physical exam, etc. documenting specific gastrointestinal symptoms or findings in the most recent provided records. It is the opinion of this reviewer that the request for Prilosec is reasonable, however, for a period of time after discontinuing Ibuprofen to ensure minimal risk of severe gastrointestinal injury after chronic use of NSAIDs. Therefore, the request for Prilosec is considered medically appropriate.

One container of Flurbi/Cap/Menthol cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: The MTUS states there is little to no research to support the use of many compounded agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. In this case, there is no evidence of functional improvement provided

to indicate that chronic use of the requested cream is of clinical value, and therefore the request cannot be considered medically necessary at this time.