

Case Number:	CM15-0087730		
Date Assigned:	05/11/2015	Date of Injury:	12/06/2010
Decision Date:	09/22/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/07/2015

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: Texas, Illinois

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 was a 59 year old female, who sustained an industrial injury, July 13, 2010. The injured worker previously received the following treatments Omeprazole, Orphenadrine, Hydrocodone, Naproxen and Capsaicin. The injured worker was diagnosed with cervical sprain, shoulder impingement, carpal tunnel syndrome and carpal tunnel release. According to progress note of April 15, 2015, the injured worker's chief complaint was neck and right hand pain. The injured worker continued to have trigger finger symptoms. The injured worker was having pain in the left upper extremity as well. The physical exam of the cervical spine noted tenderness of the paravertebral muscles. The cervical spine range of motion was restricted. Sensation was reduced in the bilateral medial nerve distribution. There was tenderness in the anterior shoulder. The range of motion was restricted in flexion and abduction. The impingement sign was positive. The bilateral wrist scars were well healed. The grip strength was decreased bilaterally. The sensation was decreased in the bilateral median nerve distribution. The first digits on the bilateral hands were tender to palpation. The Finkelstein's test was positive. The treatment plan included prescription refills for Omeprazole, Hydrocodone, Naproxen and Capsaicin 0.075% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The injured worker sustained a work related injury on July 13, 2010. . The medical records provided indicate the diagnosis of cervical sprain, shoulder impingement, carpal tunnel syndrome and carpal tunnel release. The medical records provided for review do not indicate a medical necessity for Omeprazole 20mg #30 with 2 refills. Omeprazole is a proton pump inhibitor. The MTUS recommends 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 Aspirin , corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose Aspirin). The medical records do not indicate the injured worker is at risk for gastrointestinal event. Also, the NSAID has been determined not to be medically necessary. Therefore, the requested treatment is not medically necessary.

Orphenadrine ER 100mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: The injured worker sustained a work related injury on July 13, 2010. The medical records provided indicate the diagnosis of cervical sprain, shoulder impingement, carpal tunnel syndrome and carpal tunnel release. The medical records provided for review do not indicate a medical necessity for Orphenadrine ER 100mg #60 with 2 refills. Orphenadrine is a muscle relaxant. The MTUS recommends on-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic Low back pain. The listed diagnosis do not include low back pain.

Hydrocodone 5/325mg #60 with 10 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on July 13, 2010. The medical records provided indicate the diagnosis of cervical sprain, shoulder impingement, carpal tunnel syndrome and carpal tunnel release. The medical records provided for review do not

indicate a medical necessity for Hydrocodone 5/325mg #60 with 10 refills. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker is not properly monitored for pain control, activities of daily living, adverse effects and aberrant behavior.

Naproxen sodium 550mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-71.

Decision rationale: The injured worker sustained a work related injury on July 13, 2010. The medical records provided indicate the diagnosis of cervical sprain, shoulder impingement, carpal tunnel syndrome and carpal tunnel release. The medical records provided for review do not indicate a medical necessity for: Naproxen sodium 550mg #30 with 2 refills. Naproxen is an NSAID. The MTUS recommends the lowest dose for the shortest period in patients with moderate to severe pain. The medical records do not indicate how long the injured worker has been on this medication and the outcome of previous treatment if the injured worker has been using this in the past. If this is an initial treatment, the starting dose is the maximum dose recommended, but the MTUS recommends the lowest effective dose.

Capsaicin 0.075% with 2 refills: 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 injured worker sustained a work related injury on July 13, 2010. The medical records provided indicate the diagnosis of cervical sprain, shoulder impingement, carpal tunnel syndrome and carpal tunnel release. The medical records provided for review do not indicate a medical necessity for Capsaicin 0.075% with 2 refills. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended. The medical records do not show evidence of failed treatment with anti-depressants and anti-convulsants,; besides, the MTUS states that Capsaicin 0.075% has primarily been studied for post-herpetic

neuralgia, diabetic neuropathy and post-mastectomy pain. There is no indication the injured worker has been diagnosed of either of these.