

Case Number:	CM14-0115452		
Date Assigned:	08/04/2014	Date of Injury:	03/10/2008
Decision Date:	10/08/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand pain, shoulder pain, and elbow pain reportedly associated with an industrial injury of March 10, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; a wrist brace; and opioid therapy. In a Utilization Review Report dated June 26, 2014, the claims administrator failed to approve a request for Norco, Soma, tramadol, Prilosec, and naproxen. The applicant's attorney subsequently appealed. In a May 6, 2014 progress note, the applicant reported persistent complaints of hand and elbow pain. Grip strength was reduced with tenderness noted about the first dorsal compartment and hyposensorium noted in the median nerve distribution. Omeprazole, Norco, Soma, tramadol, naproxen, and a wrist brace were endorsed. The applicant was asked to continue permanent work restrictions stipulated by an agreed medical evaluator. It did not appear that the applicant was working. There was no explicit discussion of medication efficacy. In a later note dated July 8, 2014, the applicant reported lack of improvement since last visit. Persistent complaints of hand and wrist pain with associated paresthesias and diminished grip strength were appreciated. Omeprazole, Norco, Soma, tramadol, naproxen, and a wrist brace were endorsed, again with no discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP (Norco) 10/325mg, Quantity 120 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. The attending provider failed to recount any material improvements in functional or tangible decrements in pain achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

Carisoprodol 350mg, Quantity 60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol topic Page(s): 29.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and reduced pain achieved as a result of the same. In this case, the applicant has seemingly failed to return to work with permanent limitations imposed by a medical-legal evaluator. The attending provider's progress notes made no mention of any material improvements in function or tangible decrements in pain achieved as a result of ongoing tramadol usage. Therefore, the request is not medically necessary.

Tramadol HCL 50mg, Quantity 60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and reduced pain achieved as a result of the same. In this case, the applicant has seemingly failed to return to work with permanent limitations imposed by a medical-legal evaluator. The attending provider's progress notes made no mention of any material improvements in function or tangible decrements in pain achieved as a result of ongoing tramadol usage. Therefore, the request is not medically necessary.

Omeprazole DR 20mg, Quantity 30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as omeprazole to combat issues with NSAID-induced dyspepsia, in this case, however, the progress notes on file made no mention of any active symptoms of reflux, heartburn, and/or dyspepsia which would support provision of omeprazole. Therefore, the request was not medically necessary.

Naproxen Sodium 550mg, Quantity 30 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic Page(s): 22, 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant's failure to return to any form of work and continued dependence on two opioid agents, Norco and tramadol, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of naproxen. Therefore, the request was not medically necessary.