

Case Number:	CM14-0121831		
Date Assigned:	08/06/2014	Date of Injury:	05/03/2002
Decision Date:	09/30/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/01/2014

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 Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 49-year-old female who reported an injury on 05/03/2002. The mechanism of injury is from repetitive motion. The diagnoses included bilateral wrist/hand/forearm tendinitis and bilateral carpal tunnel syndrome, status post right and left carpal tunnel surgeries, bilateral cubital tunnel. The previous treatments included medication and surgeries. Diagnostic testing included an EMG/NCV. Within the clinical note dated 06/19/2014, it was reported the injured worker complained of bilateral wrist, hand and forearm pain and paresthesia. The injured worker complained of cervical, upper back and mid back pain increased with repetitive flexion or prolonged positioning. The injured worker complained of bilateral elbow pain, right worse than left. Upon the physical examination of the wrists and hands, the provider noted the injured worker had a positive Tinel's on the right and negative on the left. The injured worker had a positive Phalen's on the left at 25 seconds and positive on the right at 30 seconds producing paresthesia in all fingers. Upon examination of the elbow/forearm, the provider noted tenderness to palpation over the biceps region, as well as extensor forearm muscles. The provider noted tenderness in the shoulders in the anterior and posterior aspects of the shoulders. The injured worker had tenderness of the paracervical muscles. The provider requested for naproxen, CBC, comprehensive metabolic panel, Prilosec, Soma. However, a rationale was not provided for clinical review. The Request for Authorization was provided and dated on 06/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs, specific drug list & adverse effects Page(s): 66-67,70.

Decision rationale: The request for Naproxen Sodium is non-certified. The California MTUS Guidelines note Naproxen is a nonsteroidal anti-inflammatory drug for the relief of the signs and symptoms of osteoarthritis. The guidelines recommend Naproxen at the lowest dose for the shortest period of time in patients with moderate to severe pain. The guidelines also note periodic lab monitoring of the chemistry profile, including liver and renal function tests. The guidelines recommend measuring liver transaminase within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is, however, recommended. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The documentation submitted indicated the injured worker had been utilizing NSAID therapy since at least 07/2008. The request for a CBC exceeds the recommendations of a 4 to 8 week period of starting therapy. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the quantity of the medication. The injured worker recently had a lab test completed on 06/26/2014. As such, the request for Naproxen Sodium is non-certified.

Comprehensive Metabolic Panel: 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, specific drug list & adverse effects Page(s): 70.

Decision rationale: The request for a comprehensive metabolic panel is non-certified. The California MTUS Guidelines recommend periodic lab monitoring of chemistry profile, including liver and renal function tests. There has been a recommendation to measure liver transaminase within 4 to 8 weeks after starting therapy, but an interval of repeating lab tests after this treatment duration has not been established. The injured worker recently underwent a lab test on 06/26/2014. Therefore, an additional lab test would not be medically warranted. As such, the request is non-certified.

Prilosec 20mg: 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 & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Prilosec 20 mg is non-certified. The California MTUS Guidelines note proton pump inhibitors, such as Prilosec, are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors include over the age of 65 years, history of peptic ulcer, gastrointestinal bleed or perforation, use of corticosteroid and/or an anticoagulants. In the absence of risk factors for gastrointestinal events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID or adding an H2 receptor antagonist or proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the quantity of the medication. Additionally, there is lack of documentation indicating the injured worker had a history of peptic ulcer, gastrointestinal bleed or perforation. Therefore, the request is non-certified.

Soma 350mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The request for Soma 350 mg is non-certified. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer for than 2 to 3 weeks. The injured worker had been utilizing the medication for an extended period of time, since at least 01/2014, which exceeds the guidelines recommendation of 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and the quantity of the medication. Therefore, the request is non-certified.

CBC: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs, specific drug list & adverse effects Page(s): 66-67, 70.

Decision rationale: The request for one (1) CBC is non-certified. The California MTUS Guidelines note Naproxen is a nonsteroidal anti-inflammatory drug for the relief of the signs and symptoms of osteoarthritis. The guidelines recommend naproxen at the lowest dose for the

shortest period of time in patients with moderate to severe pain. The guidelines also note periodic lab monitoring of the chemistry profile, including liver and renal function tests. The guidelines recommend measuring liver transaminase within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is, however, recommended. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The documentation submitted indicated the injured worker had been utilizing NSAID therapy since at least 07/2008. The request for a CBC exceeds the recommendations of a 4 to 8 week period of starting therapy. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the quantity of the medication. The injured worker recently had a lab test completed on 06/26/2014; therefore, an additional CBC would not be medically warranted. As such, the request is non-certified.