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| Case Number: | CM14-0129585 | | |
| Date Assigned: | 08/20/2014 | Date of Injury: | 05/23/2014 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 08/08/2014 |
| Priority: | Standard | Application Received: | 08/14/2014 |

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 Emergency 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:

Patient with reported date of injury on 5/23/2014. No specific mechanism of injury was provided except a note mentioning a burn to the R forearm. A scan of a "Doctor's First Report" was not legible. Patient has a diagnosis of R forearm burn, radiculopathy of R hand and insomnia. Medical reports reviewed. Last report available until 7/31/14. However, the last progress note with a physical exam is from 7/23/14. Note mentions an injury burn to R forearm that occurred at the documented date of injury. Pain has healed but has some persistent pain radiating down hand. Patient also complained of R hand numbness during that visit. Exam reveals small healed/healing burn to R forearm approximately 0.5% total body surface area. Diffuse tenderness to forearm. There is no documentation as to why any of these products and medications were prescribed. A note from 7/31/14 involves an assessment for obstructive sleep apnea. That note is not related to this review. Urine Drug Screen (6/18/14) was appropriate. No advance imaging or electrodiagnostic reports were provided for review. Medications include Bacitracin, Nabumetone, Acetaminophen and Ultracet. Independent Medical Review is for Naproxen 550mg #60, Omeprazole 20mg #60, Cyclobenzaprine 7.5mg #60 and Tramadol 150mg #60. Prior UR on 8/8/14 recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 MG #60: 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(Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Naproxen is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. There is no documentation by the provider about why naproxen is being prescribed for a burn and how the injury relates to "radiculopathy". Patient has also been on Nabumatone, another NSAID, with no documented improvement. Naproxen is not medically necessary.

Omeprazole 20 MG #60: 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 risks Page(s): 68-69.

Decision rationale: There is no documentation provided as to why prilosec was requested. Omeprazole/prilosec is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. The documentation concerning the patient does not meet any high risk criteria to warrant PPIs and there is no documentation provided to support NSAID related dyspepsia. NSAID is not indicated in this patient(see review of Naproxen) and therefore a PPI is not indicated as well. Prilosec is not recommended.

Cyclobenzaprine 7.5 MG #60: 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 Cyclobenzaprine(Flexeril) Page(s): 41-42.

Decision rationale: Cyclobenzaprine or Flexeril is a muscle relaxant. As per MTUS Chronic pain guidelines, it is recommended for muscle spasms. It is recommended in short term use and has mixed evidence for chronic use with no specific recommendation for chronic use. There is no documentation by the provider about why cyclobenzaprine is being prescribed for a burn and how the injury relates to "radiculopathy". There is no documented muscle spasms. Cyclobenzaprine is not medically necessary.

Tramadol 150 MG #60: 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 Opioids Page(s): 76-78.

Decision rationale: Tramadol/Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails to meet the appropriate documentation required by MTUS. There is no documentation of pain improvement despite patient already being on tramadol, no appropriate documentation of objective improvement and there is no mention about a pain contract or screening for abuse despite a Urine Drug Screen being done. Complaint of pain is completely out of proportion to a healed burn and provider has not appropriately worked up other differentials or potential causes for pain. Use of an opioid for a healed wound is not justified and the documentation fails to justify "radiculopathy". Tramadol is not medically necessary.