

Case Number:	CM14-0142350		
Date Assigned:	09/10/2014	Date of Injury:	07/10/2007
Decision Date:	10/29/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	09/02/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 45 year old female who was injured on July 10, 2007. The diagnoses listed as carpal tunnel syndrome (354.20), lesion of ulnar nerve (354.0). The most recent progress note dated 6/27/14, reveals complaints of persistent neck pain, occasional numbness and burning sensations to the bilateral upper extremities that radiate down to the hand. It was noted that pain is rated 8 to 9 out of 10 on visual analog scales (VAS) at times which medications reduce pain by fifty percent. The injured worker reports that without medications he would not be capable of doing much at all. Prior treatment includes medications, physical therapy, cortisone injection to the left shoulder which provided relief for a week and a half, and pain management, and eight visits of chiropractic treatment, right cubital and carpal tunnel release, uses a right wrist brace, and medial branch block, left shoulder surgery. Physical examination reveals range of motion of the cervical spine, tenderness to palpation on midcervical facet regions bilaterally, range of motion of the left shoulder and right wrist are limited by pain. A prior utilization review determination dated 8/1/14 resulted in denial of Gabapentin 600 milligrams quantity 120, Omeprazole 20 milligrams quantity 60, Percocet 10/325 milligrams quantity 90, Senna S 8.6/50 milligrams quantity 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 600MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines gabapentin Page(s): 46.

Decision rationale: The injured worker has been on gabapentin despite which the claimant has had no improvement of VAS pain scores or demonstrated functionality to warrant continued use. The office notes of 3/3/14 as compared to 4/1/14 are noted to have worsened VAS scores despite using Percocet and gabapentin. Therefore the request for gabapentin remains not medically necessary.

OMEPRAZOLE 20MG #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms & cardiovascular risks Page(s): 69.

Decision rationale: Omeprazole is a proton pump inhibitor mentioned by CAMTUS for use as a GI protectant against GI symptoms/ irritation from NSAID use. However the injured worker appears to have GERD (gastro-esophageal reflux disease) not associated to NSAIDs as NSAIDs have not been prescribed. The injured worker reports relief of symptoms with use of omeprazole such that its continued prescription is reasonable. Therefore this request is medically necessary.

PERCOCET 10/325MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The injured worker has been managed with prescription of Percocet for quite some time (longer than 2 years). However there has not been submitted any Urine drug Screen to comply with CAMTUS guidelines for opioid use. It is not clear whether the injured worker has been compliant and what objectives functional gains have been gained while the pain has been controlled using this strong opioid. There is a recommendation that there be assessment as to the 4 A's. Therefore the request remains not medically necessary.

SENNAS 8.6/50MG f#120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The injured worker has been on chronic narcotics. A common complication is chronic constipation. Senna is a laxative used in anticipation of the complications of chronic narcotic use. This is reasonable given the years the injured worker has been managed with Percocet. This is medically necessary.