

Case Number:	CM14-0160367		
Date Assigned:	10/06/2014	Date of Injury:	10/21/2010
Decision Date:	11/07/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/30/2014

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 elbow pain, neck pain, and hand pain reportedly associated with an industrial injury of October 21, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; earlier carpal tunnel release surgery; earlier left elbow surgery; earlier right shoulder surgery; and topical agents. In a Utilization Review Report dated September 19, 2014, the claims administrator failed to approve a request for Motrin, Lidoderm, Prilosec, and Zanaflex. The applicant's attorney subsequently appealed. In a progress note dated January 16, 2014, the applicant reported persistent complaints of wrist, neck, and elbow pain. Ultracet, Flexeril, Motrin, and Biofreeze gel were endorsed. The applicant's work status was not furnished, although it did not appear that the applicant was working. In a March 13, 2014 progress note, the attending provider stated that Prilosec was helping to prevent the applicant's earlier feelings of upset stomach. The applicant was still waking up at night with numbness about the hand. Motrin, Ultracet, and Biofreeze gel were also endorsed. The applicant was apparently pursuing an H-Wave device, it was further noted. On April 11, 2014, the applicant was again given refills of Motrin, Ultracet, Biofreeze, Prilosec, and Flexeril, again without any explicit discussion of medication efficacy. On May 8, 2014, the applicant reported pain ranging from 5-9/10. The applicant stated that her pain scores could drop to 2/10 with medications. The applicant again stated that Prilosec was attenuating her symptoms of upset stomach. The applicant stated that she was able to do light household tasks such as cooking with ongoing medication consumption. Again, the applicant's work status was not stated, although it did not appear that the applicant was working with limitations imposed by a medical-legal evaluator. On August 7, 2014, the applicant was described as one week removed from a carpal tunnel release surgery of July 30, 2014. On August 28, 2014, the applicant again stated that ongoing usage of

medications was diminishing her pain complaints from 7-8/10 without medications to 3-4/10 with medications. The applicant was given prescriptions for Motrin, Prilosec, Zanaflex, Ultracet, and Biofreeze gel. The applicant was apparently having some tenderness about the trapezius musculature.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #60 DOS 08/28/2014: 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, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one option in the treatment of NSAID-induced dyspepsia is cessation of the offending NSAID. In this case, the applicant has been experiencing symptoms of reflux, heartburn, dyspepsia, and upset stomach at various points over the course of the claim, it has been noted. Discontinuation of Motrin, the offending NSAID, appears to be a more appropriate option than continuing the same. Therefore, the request is not medically necessary.

Prilosec 20mg #30 DOS 08/28/2014: Overturned

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, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated to combat issues with NSAID-induced dyspepsia, as are present here. The attending provider, furthermore, has posited that ongoing usage of Prilosec has succeeded in attenuating the applicant's symptoms of reflux, heartburn, dyspepsia, and upset stomach at several points in 2014. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.

Zanaflex 4mg #60 DOS 08/28/2014: 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 Tizanidine section Page(s): 66.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity and can be employed off-label for low back pain, in this case, however, the applicant's primary pain generator appears to be the hands. The applicant does have ancillary complaints of neck pain. However, it does not appear that the applicant's usage of Zanaflex conforms to MTUS parameters as it is neither being used for spasticity or for low back pain here. Therefore, the request is not medically necessary.

Lidoderm Patch #30 DOS 08/28/2014: 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 Topical Lidocaine section. Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, it does not appear that the applicant has tried and/or failed antidepressant adjuvant medications or anticonvulsant adjuvant medications before introduction and/or ongoing usage of Lidoderm. Therefore, the request is not medically necessary.