

Case Number:	CM14-0160998		
Date Assigned:	10/06/2014	Date of Injury:	05/05/2012
Decision Date:	10/30/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/01/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 38-year-old female with a 5/5/12 date of injury. At the time (8/19/14) of the request for authorization for 1 prescription of Norco 2.5/325mg #120 and 1 prescription of Prilosec 20mg #60, there is documentation of subjective (bilateral forearm/wrist pain, increased with gripping and grasping) and objective (tenderness to palpation is present over the flexor and extensor tendons, first extensor compartment and dorsal capsule; range of motion of the wrists is decreased) findings, current diagnoses (status post 5/18/12 excision/debridement of wounds to the index and little fingers due to electrical burn, with residual tendon adhesions, right scar revision of the index finger x2, and release of the first and second dorsal compartments and extensor tenosynovectomy, cervical/thoracic/lumbar musculoligamentous sprain/strain with bilateral upper and lower extremity radiculitis with multilevel degenerative disc disease, uncovertebral bony hypertrophy causing left neuroforaminal stenosis, residual tendon adhesions of the left hand, and urologic and neurologic complaints), and treatment to date (medication including Norco for at least 10 months). Regarding 1 prescription of Norco 2.5/325mg #120, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Norco use to date. Regarding 1 prescription of Prilosec 20mg #60, there is no documentation of a risk for a gastrointestinal event.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of norco 2.5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post 5/18/12 excision/debridement of wounds to the index and little fingers due to electrical burn, with residual tendon adhesions, right scar revision of the index finger x2, and release of the first and second dorsal compartments and extensor tenosynovectomy, cervical/thoracic/lumbar musculoligamentous sprain/strain with bilateral upper and lower extremity radiculitis with multilevel degenerative disc disease, uncovertebral bony hypertrophy causing left neuroforaminal stenosis, residual tendon adhesions of the left hand, and urologic and neurologic complaints. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of treatment with Norco for at least 10 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Norco 2.5/325mg #120 is not medically necessary.

1 Prescription of prilosec 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System, Gastroesophageal reflux disease (GERD)., Ann harbor (MI): University of Michigan Health System; 2012 May. 12 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of status post 5/18/12 excision/debridement of wounds to the index and little fingers due to electrical burn, with residual tendon adhesions, right scar revision of the index finger x2, and release of the first and second dorsal compartments and extensor tenosynovectomy, cervical/thoracic/lumbar musculoligamentous sprain/strain with bilateral upper and lower extremity radiculitis with multilevel degenerative disc disease, uncovertebral bony hypertrophy causing left neuroforaminal stenosis, residual tendon adhesions of the left hand, and urologic and neurologic complaints. However, there is no documentation of a risk for a gastrointestinal event. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Prilosec 20mg #60 is not medically necessary.