

Case Number:	CM14-0168368		
Date Assigned:	10/17/2014	Date of Injury:	05/05/2013
Decision Date:	11/18/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/13/2014

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. Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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 patient is a 46-year-old male with a date of injury of 05/05/2013. The listed diagnoses per [REDACTED] are: 1. Carpal tunnel syndrome. 2. De Quervain's/radial styloid tenosynovitis. According to progress report 07/22/2014, the patient presents with bilateral wrist/hand pain. The pain is characterized as throbbing and the patient reports that the pain is worsening. The pain is rated as 8/10 on a pain scale. Examination revealed tenderness over the volar aspect of the wrist and first dorsal compartment. There is positive palmar compression test with subsequent Phalen's maneuver and Finkelstein's. Tinel sign is also positive over the carpal tunnel. The provider is requesting refills of medications. Utilization review denied the request on 09/11/2014. Treatment reports from 04/15/2014 through 07/22/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium Nalfon 400mg, QTY: 120, one pill TID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22.

Decision rationale: This patient presents with continued wrist and hand pain. The provider is requesting Fenoprofen calcium (Nalfon) 400 mg #120 to be taken daily. For anti-inflammatory medications, the MTUS Guidelines page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduced pain, so activity and functional restoration can resume, but long term use may not be warranted." It is unclear when this medication was first prescribed. In this case, the provider requests a refill of Nalfon, but does not provide discussion regarding its efficacy. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Given the lack of discussion regarding efficacy, this request is not medically necessary.

Omeprazole 20mg QTY: 120, one PO 12H PRN: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, and GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 69.

Decision rationale: This patient presents with continued wrist and hand pain. The provider is requesting a refill of Omeprazole 20 mg #120. The provider states that the patient presents with GI symptoms and Omeprazole should be taken every 24 hours as needed for upset stomach. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Review of the medical file indicates the patient has been taking Naproxen since 04/15/2013. The provider states that the patient has GI symptoms, upset stomach, and recommends continuation of Omeprazole to prevent GI complications. Given the patient's long-term use of NSAID and GI complaints, this request is medically necessary.

Tramadol 150mg QTY: 90, Once a day as needed for severe pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88-89, 78.

Decision rationale: This patient presents with continued wrist and hand pain. The provider is requesting a refill of Tramadol 150 mg #90 to be taken once a day as needed for severe pain. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, the provider does not

provide pain assessment or outcome measures as required by MTUS. Furthermore, there is no discussion of functional improvement, changes in ADLs, adverse effects, and urine drug screens are not administered for compliance. Given the lack of sufficient documentation for continued opiate use, this request is not medically necessary.