

Case Number:	CM14-0180104		
Date Assigned:	11/04/2014	Date of Injury:	04/23/2011
Decision Date:	12/09/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/29/2014

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 Neurology and is licensed to practice in Texas, Massachusetts, and Ohio. 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 47-year-old female who reported an injury on 04/23/2011. The mechanism of injury was not submitted for clinical review. The diagnoses included status post left carpal tunnel release, right carpal tunnel syndrome, bilateral epicondylitis, bilateral rotator cuff tendonitis, cyst of the first web space. The previous treatment included medication. Within the clinical note dated 04/08/2014 it was reported the injured worker complained of continued pain in both hands. Upon the physical examination, the provider noted the injured worker had a positive Tinel's, Phalen's test on the right. The injured worker had a mass on the right first web space which was likely tender. The provider requested tramadol for pain, Omeprazole, Methoderm ointment, diclofenac sodium. However, the request for authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for thirty (30) tablets of Tramadol HCL ER 150mg on 4/9/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 77-78.

Decision rationale: The retrospective request for thirty (30) tablets of Tramadol HCL ER 150mg on 4/9/14 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The provider did not document an adequate and complete pain assessment within the documentation. Additionally, urine drug screen was not submitted for clinical review. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Retrospective request for sixty (60) capsules of Omeprazole 20mg DR on 4/9/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The Retrospective request for sixty (60) capsules of Omeprazole 20mg DR on 4/9/14 is not medically necessary. The California MTUS Guidelines note proton pump inhibitors such as Omeprazole are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include over the age of 65, history of peptic ulcer, gastrointestinal bleeding or perforation, use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted did not indicate the injured worker had a history of peptic ulcer or gastrointestinal bleed. Additionally, there is lack of documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Retrospective request for one (1) tube of Methoderm ointment 120 grams on 4/9/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The Retrospective request for one (1) tube of Methoderm ointment 120 grams on 4/9/14 is not medically necessary. The California MTUS Guidelines note topical

analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines note any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the treatment site. Additionally, the guidelines do not recommend the use of topical analgesics. Therefore, the request is not medically necessary.

Retrospective request for sixty (60) tablets of Diclofenac Sodium ER (Votaren-XR) 100mg on 5/14/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 67-68.

Decision rationale: The Retrospective request for sixty (60) tablets of Diclofenac Sodium ER (Votaren-XR) 100mg on 5/14/14 is not medically necessary. The California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period of time. The guidelines note NSAIDs are recommended for the signs and symptoms of osteoarthritis. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is lack of documentation indicating the injured worker was treated for or diagnosed with osteoarthritis. Therefore, the request is not medically necessary.