

Case Number:	CM14-0167064		
Date Assigned:	10/14/2014	Date of Injury:	12/13/2010
Decision Date:	02/03/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/10/2014

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 Physical Medicine Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 23 year old female with a work injury dated 12/13/10. There is a diagnoses of wrist sprain; crush injury upper extremity; right radial tunnel syndrome. Under consideration is a request for Omeprazole 20mg BID and Fenopofren 400mg BID. A 9/25/14 document states that the patient is treated for right radial tunnel syndrome and the documenting physician states that there is a plan for a right radial tunnel release. The patient was dispensed Nabumetone and Hydrocodone/APAP. A 9/25/14 medication appeal states Omeprazole has been extremely beneficial to the patient as she reports that the medication is helping to alleviate conditions and or symptoms experienced. There is a progress note dated 8/22/14 that states that the patient has continued pain in her right arm and hand with intermittent numbness and tingling. Medications help 20-30%. GI upset is controlled with use of Omeprazole. She felt that her pain went down after she had IM Toradol. She had a car accident 8/6/14 and was diagnosed with a cervical sprain and getting PT. She was given Cyclobenzaprine and Norco on PCP follow up. She received NSAID and Lidoderm patch from another physician and a splint. On exam her right grip strength was 5-/5 due to pain 5/5. Sensation is intact. There is a positive Tinel. Bilateral elbow range of motion was normal. Bilateral shoulder abduction was 100-110. Treatment plan included Tramadol and Fenopofren and Omeprazole; stop Naproxen and continue HEP. The patient is permanent and stationary. A 7/10/14 progress note states that at this point the patient has failed all non-operative treatment including splinting, ice, therapy, anti-inflammatories, and a cortisone injection, which was both diagnostic and therapeutic. She continues to have significant radial tunnel symptoms that interfere with her activities of daily living. She is indicated for operative treatment consisting of an isolated radial tunnel release a 6/14/14 progress note states that the patient has continued pain in her right arm and hand with numbness/tingling. The medications help pain 20-30%. Stomach is better with Omeprazole. She received Lidoderm and another

NSAID from another physician. She has no side of effects of meds and works full time. The treatment plan is to refill Omeprazole and Ultracet. Naproxen will be held since she received other NSAIDs. A 6/10/14 progress note states that the patient is on Nabumetone and Lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 6 and 69.

Decision rationale: Omeprazole 20mg BID is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation indicates that the patient has no risk factors for gastrointestinal events. The documentation states that the patient has no medication side effects. The request for Omeprazole 20mg BID is not medically necessary.

Fenoprofen 400mg BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Fenoprofen 400mg po BID is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. Fenoprofen can be used for osteoarthritis and for mild to moderate pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. The documentation is not clear why the patient was changed from Naproxen to Fenoprofen. The guidelines state that there is no evidence of efficacy of one NSAID over another. Another document indicates that the patient has failed anti-inflammatories. Given the lack of significant improvement with anti-inflammatories the request for Fenoprofen 400mg po BID is not medically necessary.

