

Case Number:	CM14-0214128		
Date Assigned:	01/07/2015	Date of Injury:	01/28/2012
Decision Date:	03/05/2015	UR Denial Date:	11/28/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 represented employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of January 28, 2012. In a Utilization Review Report dated November 28, 2014, the claims administrator failed to approve requests for Norco, Motrin, Prilosec, Naprosyn, and a urine drug screen. The applicant's attorney subsequently appealed. In a progress note dated October 2, 2014, the applicant reported persistent complaints of wrist, hand, and finger pain, bilateral, 7 to 8/10, exacerbated by gripping and grasping. Paresthesias were evident. The applicant was given diagnoses of bilateral carpal tunnel syndrome and de Quervain tenosynovitis. The applicant reportedly had a normal MR arthrogram of the left wrist. Norco, Motrin, Naprosyn, Prilosec, and Methoderm were dispensed. Right and left carpal tunnel release surgery was suggested. A consultation with a knee surgeon and a pain specialist were endorsed. No discussion of medication efficacy transpired at this point. On August 28, 2014, the applicant had received a prescription for tramadol and Methoderm. The attending provider stated that he was seeking authorization for left and right carpal tunnel release surgery. 7 to 8/10 wrist pain was evident on this date. On October 3, 2014, the applicant's chiropractor suggested that the applicant is having heightened pain complaints. On October 8, 2014, the applicant received a knee corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work. The applicant continues to report 7 to 8/10 pain complaints on multiple office visits, referenced above, including September and October 2014. The applicant, by all account, is having difficulty performing activities of daily living as basic as gripping, grasping, etc., despite ongoing medication consumption, including ongoing Norco consumption. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

Ibuprofen 800mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic; Functional Restoration Approach to Chronic Pain Management.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as “other medications” into his choice of pharmacotherapy. Here, the attending provider did not clearly outline why he concurrently provided the applicant with two separate NSAID medications, namely ibuprofen and Naprosyn. Therefore, the request was not medically necessary.

Naproxen 550mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section; Anti-inflammatory Medication.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as “other medications” into his choice of pharmacotherapy. Here, the attending provider did not, however, outline a compelling rationale for a concurrent provision of two separate anti-inflammatory medications, Naprosyn and ibuprofen. Therefore, the request was not medically necessary.

Prilosec 20mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 68.

Decision rationale: As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants at heightened risk for adverse gastrointestinal events who, by implication, qualify for prophylactic usage of proton pump inhibitors, include those individuals who are using multiple NSAIDs. Here, the applicant was seemingly using two separate NSAIDs, Motrin and Naprosyn as of October 2, 2014. Prophylactic provision of a proton pump inhibitor, Prilosec was, thus, indicated in the context of the same. Therefore, the request was medically necessary.