

Case Number:	CM14-0054087		
Date Assigned:	07/07/2014	Date of Injury:	06/05/2005
Decision Date:	01/14/2015	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/23/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine 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 injured worker is a 49-year-old female who reported an injury on 06/05/2005 due to repetitive movement. Her diagnoses include bilateral wrist and hand tendinitis, status post right carpal tunnel release, cervical and bilateral scapular shoulder strain with secondary cervicogenic headaches, and secondary depression due to chronic pain. Past treatments include wrist brace, surgery, medications, cognitive behavioral treatment, and psychotherapy. On 03/10/2014, the injured worker complained of cervical spine bilateral upper extremity pain, rated 8/10. The physical examination of the wrist and hand were indicated to have normal range of motion with a positive Tinel's and carpal tunnel compression test. The shoulder examination revealed tenderness to palpation over the posterior upper scapular and shoulder region. It was also indicated that shoulder range of motion was normal. The examination of the cervical spine indicated slight tenderness to palpation in the lower paraspinal muscles with mild spasms. The range of motion of the cervical spine was indicated to be 80% normal with flexion, 70% of normal with extension, 80% normal with right lateral rotation, 80% normal with left lateral rotation, and a positive Spurling's sign on the left. The documentation also indicated the injured worker had decreased sensation. Her medications were noted to include Ketoprofen 75 mg, Norco 5/325 mg, Prilosec 20 mg, and Voltaren gel 1%. The treatment plan included Ketoprofen 75 mg, Norco 5/325 mg, Prilosec 20 mg, and Voltaren gel 1% 2gm to 4gm, 100g tube. A rationale for the requests was not provided. A request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 75mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-69.

Decision rationale: The request for Ketoprofen 75mg is not medically necessary. According to the California MTUS Guidelines, NSAIDs are recommended at the lowest dose for the short period in patients with moderate to severe pain from osteoarthritis. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, in particular for those with gastrointestinal, cardiovascular, or renal vascular risk factors. Furthermore, the guidelines suggest that NSAIDs are normally recommended as an option for short term symptomatic relief for chronic low back pain. A review of literature on drug relief for low back pain suggests that NSAIDs were no more effective than other drugs, such as acetaminophen, narcotic analgesics, and muscle relaxants. The injured worker is indicated to have chronic cervical pain and chronic hand and wrist pain. It was also noted the injured worker had been on Ketoprofen since at least 11/19/2013. As the guidelines recommend NSAIDs as an option for short term symptomatic relief and lack of evidence of long term effectiveness for pain or function, the request is not supported by the evidence based guidelines. In addition, the request fails to provide a frequency. As such, the request is not medically necessary.

Norco 5mg/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going Management of Opioids Page(s): 78.

Decision rationale: The request for Norco 5mg/325mg is not medically necessary. According to the California MTUS Guidelines, opioids require ongoing review and documentation of pain relief, functional status, appropriate medication use, side effects, and current urine drug screen. The pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The documentation indicated the injured worker to have been on Norco since at least 11/19/2013. However, the documentation failed to provide evidence in regards to pain assessment, functional status, the appropriate medication use, side effects from the medication, and a current urine drug screen to indicate any potential aberrant drug related behaviors. In the absence of the required documentation, the request is not supported by the evidence based guidelines. In addition, the request fails to provide a frequency. As such, the request is not medically necessary.

Prilosec 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

Decision rationale: The request for Prilosec 20mg is not medically necessary. According to the California MTUS Guidelines, proton pump inhibitors may be recommended for patients at risk for GI events. Furthermore, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors such as the following criteria to determine for GI events to include: being over the age of 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASAs, corticosteroids, and/or anticoagulants; and use of high dose/multiple NSAIDs. The injured worker was noted to have been on Prilosec since at least 11/19/2013. However, the documentation failed to indicate the injured worker had GI symptoms or events. Based on the absence of any GI events to meet the criteria to recommend proton pump inhibitors, the request is not supported by the evidence based guidelines. In addition, the request fails to provide a frequency. As such, the request is not medically necessary.

Voltaren gel 1% 2gm-4gm, 100 gm tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Voltaren gel 1% 2gm-4gm, 100gm tube is not medically necessary. According to the California MTUS Guidelines, topical analgesics are largely experiment in use with few randomized controlled trials to determine efficacy or safety and are only primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. More specifically, topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that amenable to topical treatment. It is further recommended that topical NSAIDs be used for short term use of 4 to 12 weeks. The injured worker was noted to have wrist and hand tendinitis. Documentation also indicated the injured worker to have been using Voltaren gel since at least 11/19/2013. However, the guidelines recommend the use of topical NSAIDs for no longer than 4 to 12 weeks. Furthermore, the documentation failed to provide evidence of failed trials of antidepressants and anticonvulsants. Based on the above, the request is not supported by the evidence based guidelines. In addition, the request fails to indicate a body region for the medication. As such, the request is not medically necessary.