

Case Number:	CM15-0005887		
Date Assigned:	01/26/2015	Date of Injury:	05/11/2006
Decision Date:	03/16/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/12/2015

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: California
Certification(s)/Specialty: Emergency 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 injured worker is a 64 year old male who sustained a work related injury on May 11, 2006. On May 21, 2007, a right wrist de Quervain release was performed. He continued to complain of weakness, spasms and pain in the right hand. Treatments included pain and nerve medications. Currently, he states he has limited range of motion in the right hand. Diagnosis included primary localized osteoarthritis of the hand. On December 24, 2014, a request for a prescription of Norco 5-325 mg #90, Terocin lotion 2.5-0.025% #2 and Prilosec 20 mg #60 was non-certified by Utilization Review, noting the California MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 5/325mg #90, DOS: 12/4/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): Pages.

Decision rationale: The requested Retrospective Norco 5/325mg #90, DOS: 12/4/14 , is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has weakness, spasms and pain in the right hand despite de Quearvain's surgical release. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Retrospective Norco 5/325mg #90, DOS: 12/4/14 is not medically necessary.

Retrospective Terocin lotion #2, DOS: 12/4/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 111-113, Topical Analgesics Page(s): Page 111-113.

Decision rationale: The requested Retrospective Terocin lotion #2, DOS: 12/4/14, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has weakness, spasms and pain in the right hand despite de Quearvain's surgical release. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Retrospective Terocin lotion #2, DOS: 12/4/14 is not medically necessary.

Retrospective Prilosec 20mg #60, DOS: 12/4/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Retrospective Prilosec 20mg #60, DOS: 12/4/14, is not medically necessary. California's Division of Worker's Compensation 'Medical Treatment Utilization Schedule' 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has weakness, spasms and pain in the right hand despite de Quervain's surgical release. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented medication-induced GI complaints nor GI risk factors. The criteria noted above not having been met, Retrospective Prilosec 20mg #60, DOS: 12/4/14 is not medically necessary.