

Case Number:	CM15-0010695		
Date Assigned:	01/28/2015	Date of Injury:	01/14/2010
Decision Date:	03/23/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/20/2015

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: Physical Medicine & Rehabilitation

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 44 year old female, who sustained an industrial injury on 1/14/10. She has reported right and left wrist pain. The diagnoses have included carpal tunnel syndrome and DeQuervain's disease. Treatment to date has included right carpal release, physical therapy and medications. Currently, the injured worker complains of right and left wrist pain. On 12/27/14 Utilization Review non-certified Omeprazole DR 20mg, noting no additional findings to put the injured worker at risk of experiencing gastrointestinal events and Flurbi/Cyclo/Lido, noting there is little documentation to support the use of compounded agents for pain control. The MTUS, ACOEM Guidelines, was cited. On 1/20/15, the injured worker submitted an application for IMR for review of Omeprazole DR 20mg and Flurbi/Cyclo/Lido.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi/Cycle/Lido 20/4/5%, 180 gm: Upheld

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

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

Decision rationale: According to the 03/04/2014 report, this patient presents with "right wrist pain rated as 4/10 and left wrist pain rated as 2/10." The current request is for Flurbi/Cyclo/Lido. 20/4/5%, 180gm. Regarding Topical Analgesics, MTUS page 111 states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended. MTUS further states Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. Regarding Cyclobenzaprine topical, MTUS also states, Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. In this case, Cyclobenzaprine and Lidocaine cream are not recommended for topical formulation. The current request IS NOT medically necessary.

Omeprazole DR 20 mg #45: Upheld

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

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

Decision rationale: According to the 03/04/2014 report, this patient presents with "right wrist pain rated as 4/10 and left wrist pain rated as 2/10." The current request is for Omeprazole DR 20mg #45 and there is no mention of this medication usage; it is unknown exactly when the patient initially started taking this medication. The Utilization Review denial letter states "the request was not congruent with the current evidence-based guidelines." The MTUS page 69 states under NSAIDs prophylaxis to discuss, GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "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)." MTUs further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of the provided reports does not indicate that the patient taking NSAID and has no gastrointestinal side effects with medication use. The patient is not over 65 years old; no other risk factors are present. The treating physician does not mention if the patient is struggling with GI complaints and why the medication was prescribed. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the treater does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Therefore, the request IS NOT medically necessary.