MAXIMUS Federal Services

Case Number:	CM15-0011120		
Date Assigned:	01/29/2015	Date of Injury:	03/11/2013
Decision Date:	03/27/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/21/2015

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, New York, Florida
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 37-year-old female who reported an injury on 03/11/2013. The mechanism of injury was not specified. Her diagnoses included bilateral wrist extensor tenosynovitis, bilateral carpal tunnel syndrome, bilateral forearm tendinitis. Her past treatments included physical therapy, activity modification, heat/cold therapy, stretching, TENS unit, medication, physical therapy and a home exercise program. On 12/18/2014, the injured worker complained of pain, swelling and numbness in the wrist and hands. The physical examination revealed a negative impingement with a pronounced right dorsal compartment bilaterally for extensor tenosynovitis. The documentation also indicated she has failed to respond to prolonged course of splinting, rest, therapy and medications. Her relevant medications included naproxen 550 mg, Prilosec 20 mg, and tramadol 150 mg. The treatment plan also indicated the injured worker should continue on NSAIDS for chronic pain and inflammation, narcotic medications for breakthrough pain and indicated the injured worker had a history of GERD. 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:

RETRO Prilosec 20mg BID #60: Upheld

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

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

Decision rationale: The request for RETRO Prilosec 20mg BID #60 is not medically necessary. According to the California MTUS Guidelines, patients should have an assessment in regards to GI symptoms and cardiovascular risks to include being over the age of 65; a history of peptic ulcer, GI bleeding, perforation; concurrent use of ASAs, corticosteroids and/or anticoagulants, and high dose/multiple NSAIDS. It is also indicated for the treatment of dyspepsia secondary to NSAID therapy. The injured worker is indicated to have been on Prilosec for an unspecified duration of time for an indication of GERD. However, there was lack of documentation to indicate the injured worker had a GI symptom and cardiovascular risk assessment. There was also lack of documentation to indicate the injured worker had dyspepsia secondary to NSAID therapy. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

RETRO Tramadol ER 150mg, 1 By mouth BID PRN for pain #30: Upheld

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

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

Decision rationale: The request for tramadol is not medically necessary. Injured workers on opioid medications should have documented ongoing review and monitoring for pain relief, side effects, physical and psychosocial functioning, the occurrence of any potentially aberrant or drug related behaviors. The injured worker was indicated to have been on tramadol for an unspecified duration of time. However, there is lack of documentation of objective functional improvement, objective decrease in pain, evidence of monitoring for side effects or drug related behaviors. The absence of the above, the request is not supported by the evidence based guidelines. As such, the request Is not medically necessary.

RETRO Naproxen 550mg BID with Food, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: The decision for RETRO naproxen 550mg BID with Food, #60 is not medically necessary. According to the California MTUS Guidelines, NSAIDS are indicated for

the treatment of osteoarthritis including the knee and hip. However, they are recommended the lowest dose for the shortest period in patients with moderate to severe pain. Furthermore, there should be an initial therapy of acetaminophen prior to prescribing NSAIDS. The injured worker was indicated to have been on Naprosyn for an unspecified duration of time. However, there is lack of documentation to indicate the injured worker had osteoarthritis or had initial therapy of acetaminophen prior to NSAID use. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.