

Case Number:	CM15-0012772		
Date Assigned:	01/30/2015	Date of Injury:	03/09/2001
Decision Date:	03/30/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/22/2015

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, Arizona

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 66-year-old female who reported injury on 03/09/2001. The mechanism of injury was not provided. There was a Request for Authorization submitted for review for the requested medications. The documentation of 12/05/2013 revealed the injured worker's pain was a 6/10. The injured worker was noted to have limited ability to perform activities of daily living and the medications helped improve symptoms by approximately 60%. The injured worker indicated she had pain with movement of the head and neck and prolonged positions. The injured worker had radiating pain in the upper extremities down to the hands. The injured worker had numbness and tingling in the bilateral hands. The physical examination revealed tenderness over the paravertebral and trapezial musculature of the cervical spine with spasms. The injured worker had tenderness to palpation over the biceps tendon and spasms were present over the trapezial region of the bilateral shoulders. The injured worker had tenderness that was palpable and flexion and extension was 60 degrees and the Finklestein's test was positive in the bilateral wrists. The diagnoses included bilateral carpal tunnel syndrome and biceps tendinitis of the shoulder. The treatment plan included continuation of medications including hydrocodone 7.5/325 mg, Colace, and omeprazole. Additionally, the injured worker was to continue a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate Sodium 100mg#60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend upon initiation of opioid therapy there should be initiation of prophylaxis constipation medication. The clinical documentation submitted for review failed to provide efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for docusate sodium 100 mg #60 is not medically necessary.

Omeprazole 20mg, #60 30 day supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Proton Pump Inhibitors (PPI)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to indicate the injured worker had signs or symptoms of dyspepsia. The medication was noted to be a current medication and as such, the efficacy was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, and the lack of documentation, the request for omeprazole 20 mg #60 a 30 day supply is not medically necessary.

Hydrocodone-APAP 7.5-300mg #120, 30 day supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management, Page(s): 60; 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide the above documentation. There was a

lack of documentation of exceptional factors. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for hydrocodone-APAP 7.5/300 mg #120 a 30 day supply is not medically necessary.