

Case Number:	CM15-0017455		
Date Assigned:	02/05/2015	Date of Injury:	12/22/2010
Decision Date:	03/30/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/29/2015

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 35-year-old male who sustained an industrial injury on 12/22/10. The injured worker reported symptoms in the right elbow, right hand, and wrist. The diagnoses included sprain/strain of the right elbow, lateral epicondylitis, right elbow, right wrist sprain, and right carpal tunnel syndrome. Treatments to date include oral pain medications, home exercise program, and right wrist brace. In a progress note dated 1/16/15 the treating provider reports the injured worker was with "right elbow, right hand, and wrist pain...having difficulty sleeping due to pain." On 1/22/15 Utilization Review non-certified the request for Motrin 800 milligrams quantity of 90 with 1 refill, Prilosec 20 milligrams quantity of 30 with 1 refill and Norco 10/325 milligrams quantity of 90 with no refills. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #90 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Anti-inflammatory medications, Chronic pain Page(s): 60-.

Decision rationale: According to the 01/16/2015 report, this patient presents with right elbow, right hand, and wrist pain. Per this report, the current request is for Motrin 800 mg #90 with 1 refill. The patient's work status is remaining P& S as before. The MTUS Guidelines page 22 reveal the following regarding NSAID's, Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The medical reports provided show no mention of this medication usage; it is unknown exactly when the patient initially started taking this medication. The treating physician mentions the patient rates his pain at a 4 to 5 out of 10 with the use of his medication. Without pain medication, he rates his pain at a 10 out of a 10. In this case, the treating physician has documented the efficacy of the medication as required by the MTUS guidelines. Therefore, the current request IS medically necessary.

Prilosec 20mg #30 with 1 refill: Upheld

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

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

Decision rationale: According to the 01/16/2015 report, this patient presents with right elbow, right hand, and wrist pain. Per this report, the current request is for Prilosec 20 mg #30 with 1 refill and there is no mention of this medication usage in the provided reports. It is unknown exactly when the patient initially started taking this medication. The patient's work status is remaining P& S as before. 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. In review of the medical reports provided the treating physician documents that the patient is on Ibuprofen and has no gastrointestinal side effects with medication use. The patient is not over 65 years old and no other risk factors are present. There is no discussion regarding symptoms of gastritis, reflux, or other condition that would require a PPI. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the treating physician does not mention symptoms of gastritis, reflux, or other condition that would require a PPI. Therefore, the request IS NOT medically necessary.

Norco 10/325mg #90 with no refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: According to the 01/16/2015 report, this patient presents with right elbow, right hand, and wrist pain. Per this report, the current request is for Norco 10/325 mg #90 with no refill. The patient's work status is remaining P& S as before. This medication was first mentioned in the 08/14/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 As - analgesia, ADL's, adverse side effects, adverse behavior is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. In reviewing the provided reports, the treating physician mentions the patient rates his pain at a 4 to 5 out of 10 with the use of his medication. Without pain medication, he rates his pain at a 10 out of a 10. He notes improvement with Activities of daily living as well as increased ability to grip and reach as a result of his current medication usage. There will be ongoing review and documentation of pain relief, functional status appropriate medication use and side effects. In this case, the treating physician has clearly document the 4 As (analgesia, ADL's, adverse side effects, adverse behavior) as required by MTUS. Therefore, the request IS medically necessary.