

Case Number:	CM15-0113575		
Date Assigned:	06/19/2015	Date of Injury:	03/29/2007
Decision Date:	07/20/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/12/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 45-year-old man sustained an industrial injury on 3/29/2007. The mechanism of injury is not detailed. Evaluations include an undated electromyogram and nerve conduction study and an undated MRI. Diagnoses include De Quervain's tenosynovitis, left wrist pain, and the possibility of left median neuropathy. Treatment has included oral medications. Physician notes on a PR-2 dated 4/9/2015 show complaints of persistent left wrist and hand pain rated 7-8/10 with tingling and numbness. Recommendations include Norco, Meloxicam, Omeprazole, and follow up in six weeks. Other consulting physicians have recommended physical therapy, work and activity modifications, TENS unit, splinting, occupational therapy, wrist and hand x-rays, and a wrist ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/PPI Page(s): 67.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant had been on NSAIDs and Opioids without justification for both and likely increasing GI risk. Therefore, the continued use of Omeprazole is not medically necessary.

Norco 10/325mg, #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids Page(s): 78-80, 91 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as first line therapy for neuropathic pain and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-term use has not been supported by any trials. In this case, the claimant had been on Norco along with NSAIDS. Pain level was 7-8/10 without pain scale response to medications documented. The combined use of NSAID and opioids was not justified. The continued use of Norco is not medically necessary.