

Case Number:	CM15-0118556		
Date Assigned:	06/26/2015	Date of Injury:	12/02/2009
Decision Date:	09/15/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/19/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 40 year old male, who sustained an industrial injury on December 2, 2009. He reported right hand and low back pain after grabbing a branch while falling from a ladder causing a laceration to the right hand from a thorn. He was unable to hold on and fell to the ground injuring his back as well. The puncture to the right long finger from the thorn became infected resulting in amputation of the right long digit. The injured worker was diagnosed as having right long partial amputation secondary to trauma with underlying diabetes and persistent axial low back pain. Treatment to date has included diagnostic studies, irrigation and drainage of the wound on the hand, physical therapy, medications and work restrictions. Currently, the injured worker complains of right hand pain with radiating pain to the wrist, arm and shoulders and low back pain with associated claudication in the calf and pain with walking. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 2, 2015, revealed continued persistent low back pain and right hand pain. He reported sleep disruptions and occasional gastrointestinal upset with pain medication use. It was noted his disability status was permanent and stationary. Tramadol/APAP, Gabapentin, Diclofenac and Omeprazole were ordered to treat neuropathic pain, muscular pain and gastrointestinal upset. Evaluation on April 7, 2015, revealed low back pain and right hand pain rated at an 8 on a 1-10 scale with 10 being the worst pain ever felt. He reported pain medications were helpful. It was noted he was not working. He noted decreased range of motion and decreased sensations in the right hand. It was reported by the physician, there was no significant instability of the lumbar

spine. He was noted to walk without a significant limp. Medications were continued. Evaluation on May 5, 2015, revealed continued pain rated 8/10. Right hand grip was noted as diminished and sensation around the amputated digit were noted as diminished. It was noted the remainder of the hand had intact sensations. Evaluation on May 6, 2015, revealed he was able to perform activities of daily living but was unable to do heavy lifting. He reported his pain was improved with medications and the hand pain was worsened with grabbing objects. APAP with Codeine every 6-8 hours as needed #60 with one refill, Diclofenac XR 100mg one daily #30 with one refill and Omeprazole 20 mg two times daily #100 with one refill were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100mg one qd #30 (one refill): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptoms & cardiovascular risk; NSAIDs, hypertension and renal function; NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac XR Page(s): 71.

Decision rationale: According to the California (CA) MTUS guidelines, Diclofenac XR is a non-steroidal anti-inflammatory drug (NSAID) used for signs and symptoms of osteoarthritis. The guidelines recommend the lowest effective dose for the shortest duration of time consistent with individual treatment goals. It was noted from one visit to the next, the pain level remained the same rated at 8/10 with 10 being the worst pain ever felt. There was no noted functional improvement or efficacy of the medications noted. There were no noted goals of expected duration of use of the prescribed NSAID and there was no diagnosis of osteoarthritis. For these reasons, Diclofenac XR 100mg, one daily #30 with one refill is not medically necessary.

APAP with Codeine one q6-8h prn #60 (one refill): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the California (CA) MTUS guidelines APAP with Codeine is an opioid analgesic. CA MTUS recommends short-term use of opioids after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. It

was noted in the documentation use of the prescribed opioid medication did not decrease the level of pain the injured worker reported. There was no noted functional improvement or improved pain from one visit to the next. In addition, the request was for APAP with codeine every 6-8 hours as needed with no specific dose noted. For these reasons, the request for APAP with Codeine every 6-8 hours as needed #60 with one refill is not medically necessary.

Omeprazole 20mg one bid #100 (one refill): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptoms & cardiovascular risk; NSAIDs, hypertension and renal function; NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

Decision rationale: According to the California (CA) MTUS guidelines, Omeprazole, a proton pump inhibitor is appropriate for the treatment of dyspepsia secondary to NSAID use or for individuals at risk for gastrointestinal events with the use of NSAIDs. It was noted in the documentation that the injured worker experienced some gastrointestinal discomfort with the use of medications. There was no specific incident or description of gastrointestinal problems noted in the provided documents. There was no indication of diagnosis of dyspepsia secondary to NSAID use and no noted increased risk factors for gastrointestinal events. For these reasons, Omeprazole 20 mg two times daily #100 with one refill is not medically necessary.