MAXIMUS Federal Services

Case Number:	CM15-0171488		
Date Assigned:	09/11/2015	Date of Injury:	10/17/2013
Decision Date:	10/09/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/31/2015

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:

The injured worker is a 48 year old female, who sustained an industrial-work injury on 10-17-13. A review of the medical records indicates that the injured worker is undergoing treatment for right and left De Quervain's tenosynovitis, right medial epicondylitis, right wrist fracture, Left upper extremity overuse syndrome, left carpel tunnel syndrome, left medial epicondylitis, left scaphoid fracture, and left lateral epicondylitis. Medical records dated (3-26-15 to 7-7-15) indicate that the injured worker complains of constant left wrist pain that radiates to the fingers with numbness and tingling and rated 8 out of 10 on pain scale. She also complains of right wrist pain that radiates to the fingers with numbness and tingling and rated 6 out of 10 on the pain scale which has remained unchanged from previous visits. The medical records also indicate worsening of the activities of daily living due to pain. Per the treating physician report dated 6-11-5 the employee is to remain off of work until 7-24-15. The physical exam dated from (3-26-15 to 7-7-15) of the right upper extremity reveals positive Phalen's test, positive Tinel's test, positive compression over the median nerve in the carpel tunnel with numbness of the fingers, thenar atrophy and weakness, positive Finkelstein's test, pain with palpation of the wrist, positive axial grind test, pain in the snuff box, pain at the wrist, and pain over the medial epicondyle. The left upper extremity exam reveals positive Phalen's test, positive Tinel's test, positive compression over the median nerve in the carpel tunnel with numbness of the fingers, thenar atrophy and weakness, positive Finkelstein's test, pain with palpation of the wrist, positive axial grind test, pain in the snuff box, pain at the wrist, and pain over the medial epicondyle. Per the medical record dated 7-7-15 the physician indicates that the injured worker has "failed activity

modification for greater than 6 months, application of volar wrist splints for greater than 3 months, anti-inflammatory medications, formal physical therapy and home exercise program (HEP)." Treatment to date has included pain medications including Prilosec and Menthaderm since at least 3-26-15, diagnostics, activity modifications, aqua therapy, physical therapy, splinting, bracing, Transcutaneous electrical nerve stimulation (TENS) and other modalities. The treating physician indicates that the urine drug test result dated 6-9-15 was consistent with the medication prescribed. The original Utilization review dated 8-4-15 denied a request for Prilosec-Omeprazole 20mg #90 as the documentation does not support that the injured worker suffers from gastrointestinal risk factors as outlined by the guidelines, denied Menthoderm cream as the documentation did not support objective functional improvement and lacked clearly documented efficacy, and denied urine toxicology test as there was no documented intent to initiate treatment with an opioid or scheduled medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec/Omeprazole 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), PPI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

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 without mention of improvement. Therefore, the continued use of Omeprazole is not medically necessary.

Menthoderm cream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The continuation of Menthoderm beyond 1 month exceeds the

trial period recommended above. There was no note of improvement with several months use of Menthoderm. The claimant had been on oral NSAIDS as well. Topical NSAID ca reach systemic levels similar to oral NSAIDS- increasing GI risks, Therefore, the continued use of Menthoderm is not medically necessary.

Urine toxicology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine toxicology.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.