

Case Number:	CM15-0176308		
Date Assigned:	09/17/2015	Date of Injury:	08/06/2012
Decision Date:	10/21/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/08/2015

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: Texas, 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 is a 54 year old male patient, who sustained an industrial injury on 8-6-12. The diagnoses include right thumb flexor tendinitis, left wrist sprain and bilateral De Quervain's tenosynovitis. Per the PR2 dated 8-18-15, he had complaints of bilateral wrist pain. He rated his pain 4 out of 10 in the right wrist and 6 out of 10 in the left wrist. The physical examination revealed no changes since last examination. Per the note dated 6/9/15, he had GI upset and nausea with food and medications. The physical examination on 4-28-15 through 6-9-15 revealed guarding bilateral wrist, a positive Tinel's sign in the bilateral wrists and full range of motion. The medications list includes motrin, prilosec and norco. He has undergone De Quervain's tenosynovitis release 1st dorsal compartment on 12/16/2014. Treatment to date has included an EMG-NCS study on 12-20-12 with normal results, post-op physical therapy x 12 sessions and acupuncture x 12 sessions. The treating physician requested Norco 5-325mg #60, Motrin 600mg #60 x 1 refill and Prilosec 20mg #30 x 1 refill. On 8-24-15 the treating physician requested a Utilization Review for Norco 5-325mg #60, Motrin 600mg #60 x 1 refill and Prilosec 20mg #30 x 1 refill. The Utilization Review dated 8-28-15, non-certified the request for Norco 5-325mg #60, Motrin 600mg #60 x 1 refill and Prilosec 20mg #30 x 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60 per 08/18/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Norco 5/325mg #60 per 08/18/15 order. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is not specified in the records provided. Per the cited guidelines, "Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. (Nicholas, 2006) (Ballantyne, 2006) A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. (Eriksen, 2006)" This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 5/325mg #60 per 08/18/15 order is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. The request is not medically necessary.

Motrin 600mg #60 with 1 refill per 08/18/15 order: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Anti-inflammatory medications.

Decision rationale: Motrin 600mg #60 with 1 refill per 08/18/15 order. Motrin contains ibuprofen, which is an NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." According to the records provided patient has had bilateral wrist pain with history of wrist surgery. NSAIDs are considered first line treatment for pain and inflammation. The request for Motrin 600mg #60 with 1 refill per 08/18/15 order is medically necessary for this patient to use as prn to manage his chronic pain.

Prilosec 20mg #30 with 1 refill per 08/18/15 order: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Prilosec 20mg #30 with 1 refill per 08/18/15 order. Prilosec contains omeprazole which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, patients at intermediate risk for gastrointestinal events, patients at high risk for gastrointestinal events, and treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when: "(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)." Per the records provided patient had GI upset and nausea with food and medications. In addition, patient was also prescribed motrin, which is an NSAID. The request of Prilosec 20mg #30 with 1 refill per 08/18/15 order is medically necessary for this patient.