

Case Number:	CM15-0094239		
Date Assigned:	05/22/2015	Date of Injury:	05/13/2011
Decision Date:	06/24/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/15/2015

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: Preventive Medicine, Occupational 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 60 year old female who sustained an industrial injury on 05/13/2011. Current diagnoses include right third, fourth, fifth digit tenosynovitis, right third digit trigger finger, possibility of complex regional pain syndrome right foot, possibility of complex regional pain syndrome right wrist and hand, depression associated with chronic pain, and status post right shoulder rotator cuff repair on 08/29/2013. Previous treatments included medication management, right shoulder surgery, and physical therapy. Previous diagnostic studies include MRI's and EMG. Report dated 02/25/2015 noted that the injured worker presented with complaints that included right upper extremity pain, low back pain with radiation to the right hip and right lower extremity, worsening right foot pain, and numbness in the right upper extremity. Pain level was 8 out of 10 on a visual analog scale (VAS). Physical examination was positive for tenderness in the right acromioclavicular joint and glenohumeral joint, decreased strength, and tenderness in the right hand third and fourth digit. The treatment plan included prescriptions for Norco, gabapentin, Pennsaid, and omeprazole, and follow up in 5 weeks. Disputed treatments include omeprazole and Pennsaid 2%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as Omeprazole are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Omeprazole when using NSAIDs. The request for Omeprazole 20 mg #30 is determined to not be medically necessary.

Pennsaid 2%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113.

Decision rationale: Per the MTUS Guidelines, the use of topical analgesics is recommended as an option for some agents. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Per the ODG, Pennsaid is not recommended as a first-line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, and after considering the increased risk profile with diclofenac, including topical formulations. In studies Pennsaid was as effective as oral diclofenac, but was much better tolerated. FDA approved Pennsaid Topical Solution in 2009 for the treatment of the signs and symptoms of osteoarthritis of the knee, and the FDA requires a Risk Evaluation and Mitigation Strategy (REMS) from the manufacturer to ensure that the benefits of this drug outweigh its risks. There is no documentation that the injured worker cannot tolerate oral NSAIDs. There is no documentation of the requested amount of Pennsaid in this request. The request for Pennsaid 2% is determined to not be medically necessary.