

Case Number:	CM14-0152137		
Date Assigned:	09/22/2014	Date of Injury:	04/26/2014
Decision Date:	11/04/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/18/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, Pain Medicine and is licensed to practice in California and Washington. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56-year-old male who reported an injury on 04/26/2014. The mechanism of injury occurred while he was pulling a chain and subsequently twisted his left wrist. The injured worker's diagnosis included internal derangement of the left wrist with full thickness tear of the triangular fibrocartilage. The injured worker's past treatments included an elastic brace and medications. The injured worker's diagnostic exams included an X-ray of the left wrist performed on 06/04/2014 and an MRI of the left wrist performed on 06/23/2014. The injured worker's surgical history was not clearly indicated. On 07/18/2014, the injured worker complained of pain with gripping and grasping. He also complained that the use of his elastic brace did not provide any benefit. The physical exam revealed slight radial translation of the wrist and mild soft tissue swelling of the dorsal wrist. The injured worker's medications included Anaprox, Prilosec and Vicodin 2.5 mg. The treatment plan consisted of a recommendation for an ultrasound guided cortisone shot and the continuation of his medications. A request was received for omeprazole 20 mg #60 and Vicodin 2.5/325 mg #90. The rationale for the request was not clearly indicated. The Request for Authorization form was signed and submitted on 07/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Overturned

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

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

Decision rationale: The request for Omeprazole 20 mg #60 is medically necessary. The California MTUS Guidelines recommend the use of proton pump inhibitors when there is evidence that the patient is at risk for gastrointestinal events. The risk factors for gastrointestinal events include age 65 years and older, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and anticoagulants or the use of high dose/multiple NSAIDs. Based on the clinical notes, the injured worker had a history of gastritis with the use of ibuprofen. The clinical notes indicated that the injured worker was using Anaprox, an NSAID, which would warrant the use of a proton pump inhibitor with a history of gastritis. Therefore, due to the documentation of gastritis in the past with the use of NSAIDs, the request is supported. Thus, the request for Omeprazole 20 mg #60 is medically necessary.

Vicodin 2.5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s) 74-78.

Decision rationale: The request for Vicodin 2.5/325 mg #90 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the treatment of moderate to severe pain. Steps should be taken before a therapeutic trial of opioids is initiated. The physician should attempt to determine if the pain is nociceptive or neuropathic. Neuropathic pain may require higher doses of opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessment should also be made that include social, physical, psychosocial, daily and work activities and should be performed using a validated instrument or numerical rating scale. Patients should have at least 1 physical and psychosocial assessment by the treating doctor to assess whether a trial of opioids should occur. When subjective complaints do not correlate with imaging studies and/or physical findings and second opinion with a pain specialist and a psychological assessment should be obtained. In the beginning of therapy the physician should start with a short acting opioid trying 1 medication at a time. Based on the clinical notes, the injured worker has not participated in any forms of physical therapy. The injured worker has been prescribed anti-inflammatories as a result of the injury, but the efficacy of these medications is unknown, as there is no measurable pain scale documented. Also, the documentation failed to indicate that there were reasonable alternatives to treatment that the injured worker has already tried and failed to warrant the use of opioids. Therefore, due to lack of documentation indicating that the injured worker previously participated in physical therapy and a lack of documentation indicating the failed efficacy of his anti-inflammatories, the request is not supported. Thus, the request for Vicodin 2.5/325 mg #90 is not medically necessary.

