

Case Number:	CM13-0007525		
Date Assigned:	12/20/2013	Date of Injury:	11/23/2011
Decision Date:	03/19/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. 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 physician 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:

This is a 34 year old female has a date of injury of 11/23/11. Office visit dated 3/21/13 notes the claimant with complaints of bilateral wrist pain, swelling, popping, and numbness despite medications. Examination showed right wrist range of motion extension 40 degrees, flexion to 35 degrees, radial deviation 10 degrees, ulnar deviation 20 degrees, left wrist range of motion extension 35 degrees, flexion to 30 degrees, radial deviation to 10 degrees, and ulnar deviation to 15 degrees. The diagnoses were listed as status post left carpal tunnel release with partial flexor tenosynovectomy on 12/18/12, ulnar neuritis, bilateral forearms, right Carpal Tunnel Syndrome , moderate, low back pain with bilateral extremity S 1 lumbar radiculitis, left foot metatarsal fracture, right foot fifth metatarsal fracture , and right greater than left upper extremity cervical radiculitis. The plan was for a right Carpal Tunnel Release, post op physical therapy, and medications. Office visit dated 5/22/13 notes the claimant with complaints of pain in the bilateral wrists, with numbness and tingling despite medications. Examination showed the right elbow has a positive Tinel sign, right hand has a positive Tinel's and Phalen's tests, sensation is diminished in the thumb, index, middle, ring, and small finger, the left hand has a well healed scar from carpal tunnel release surgery, and the bilateral feet have tenderness at the base of the 5th metatarsal and mid foot area. Electromyogram /Nerve Conduction Velocity Studies of the bilateral upper extremities revealed bilateral Carpal Tunnel Syndrome to a moderate degree. The plan was for a cortisone injection to the right hand, physical therapy, and refill medications. Office visit dated 6/4/13 notes the claimant with complaints of pain in the right hand, left hand, right elbow, and both feet. Examination showed the right elbow has tenderness about the medial epicondyle, right hand has- a positive Phalen's and Tinel's signs, sensation is diminished in the index, and middle finger, as well as the thumb, the left hand has less tingling/paresthesias in the

index and middle finger, and the bilateral feet have tenderness about the mid foot area. The plan is for a refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Anaprox 550mg #60 dispensed on 5/28/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID)'s.

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

Decision rationale: Guidelines for NSAIDs, "Overall Dosing Recommendation: It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals." The guideline criteria have not been met. The patient was noted with complaints of pain in the hands, right elbow, and both feet despite medications. However, Nonsteroidal Anti-Inflammatory Drugs are recommended for only short-term use and non-applicability to an over the counter Nonsteroidal Anti-Inflammatory Drugs has not been documented. As a result, the medical necessity for this was not established. Therefore, retrospectively, the dispensed medicine on May 28, 2013- Anaprox 550 milligrams# 60 was not medically necessary.

Flexeril 7.5mg #90: 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 antispasmodic Page(s): 64.

Decision rationale: "Cyclobenzaprine (Flexeril®[®], Amrix®[®], Fexmid[®], generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." The guideline criteria have not been met. The patient was noted with complaints of pain in the right hand, left hand, right elbow, and both feet despite medications. However, there was no documentation noting spasms. Furthermore, this request is not recommended for long term use. As a result, an allowance of half of the requested quantity was indicated to allow for the possibility of weaning as per guidelines. Therefore, retrospectively, the dispensed medicine on May 28, 2013-Flexeril 7.5 milligrams #90 was not necessary. However, Flexeril 7.5 milligrams# 45 was medically necessary.

Protonix 20mg #60 dispensed on 6/24/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID)'s.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS; GI and cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic)(Updated 11/14/2103) Proton Pump Inhibitors

Decision rationale: The patient was noted with complaints of pain in the right hand, left hand, right elbow, and both feet despite medications. However, there was no evidence this patient is at significantly increased risk for gastrointestinal upset/bleed. According to the guidelines, things to consider in order to determine if the patient is at risk for gastrointestinal events: (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. As a result, the medical necessity for this request cannot be established at this time. Therefore, retrospectively, the dispensed medicine on May 28, 2013-Protonix 20 milligrams# 60 was not medically necessary.