

Case Number:	CM13-0058926		
Date Assigned:	12/30/2013	Date of Injury:	12/31/2009
Decision Date:	05/09/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/27/2013

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 and Rehabilitation, 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 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:

This 52 year-old patient sustained an injury on 12/31/09 while employed by [REDACTED]. Requests under consideration include Retrospective Naproxen 550mg, 1 twice a day, Retrospective Klonopin 1mg, 1 twice a day, and Retrospective Pantoprazole 20mg, 2 daily. Report of 9/26/13 from the provider noted patient with complaints of neck, left upper extremity, and left shoulder pain rated at 6/10; the patient remains depressed. Exam showed patient mildly distress and anxious; minimal range of motion with left rotation producing left arm pain; tenderness throughout cervical paraspinal musculature; PHQ-9 score of 17/27. Diagnoses include C3-4, C4-5, and C6-7 moderate to severe bilateral foraminal narrowing and stenosis; bilateral carpal tunnel syndrome; left trigger thumb; left-sided cervical facet syndrome; bilateral upper extremity RSI; reactive depression/anxiety; s/p left shoulder arthroscopic surgery with residual adhesive capsulitis and rotator cuff tendinitis. Request for the above medications were non-certified on 10/29/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Naproxen 550mg, 1 twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 22.

Decision rationale: This 52 year-old patient sustained an injury on 12/31/09 while employed by [REDACTED]. Requests under consideration include Retrospective Naproxen 550mg, 1 twice a day, Retrospective Klonopin 1mg, 1 twice a day, and Retrospective Pantoprazole 20mg, 2 daily. Diagnoses include C3-4, C4-5, and C6-7 moderate to severe bilateral foraminal narrowing and stenosis; bilateral carpal tunnel syndrome; left trigger thumb; left-sided cervical facet syndrome; bilateral upper extremity RSI; reactive depression/anxiety; s/p left shoulder arthroscopic surgery with residual adhesive capsulitis and rotator cuff tendinitis. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for an injury of 2009 nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen especially in light of side effects of gastritis as noted by the provider. The Retrospective Naproxen 550mg, 1 twice a day is not medically necessary and appropriate.

Retrospective Klonopin 1mg, 1 twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 23.

Decision rationale: This 52 year-old patient sustained an injury on 12/31/09 while employed by [REDACTED]. Requests under consideration include Retrospective Naproxen 550mg, 1 twice a day, Retrospective Klonopin 1mg, 1 twice a day, and Retrospective Pantoprazole 20mg, 2 daily. Klonopin is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Klonopin also is used to prevent certain types of seizures. Clonazepam is used for the short-term relief of the symptoms of anxiety. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Klonopin's continued use for this 2009 injury without documented functional efficacy from treatment already rendered. Retrospective Klonopin 1mg, 1 twice a day is not medically necessary and appropriate.

Retrospective Pantoprazole 20mg, 2 daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: This 52 year-old patient sustained an injury on 12/31/09 while employed by [REDACTED]. Requests under consideration include Retrospective Naproxen 550mg, 1 twice a day, Retrospective Klonopin 1mg, 1 twice a day, and Retrospective Pantoprazole 20mg, 2 daily. Pantoprazole medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Pantoprazole namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Retrospective Pantoprazole 20mg, 2 daily is not medically necessary and appropriate.