

Case Number:	CM13-0064157		
Date Assigned:	01/03/2014	Date of Injury:	05/20/2011
Decision Date:	04/17/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/11/2013

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 Illinois. 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 patient is a 62-year-old male who reported an injury on 05/20/2011 after he received a laceration to the left wrist from a hand sander. The patient also experienced pain and numbness as result of that injury. The patient ultimately underwent carpal tunnel release in 08/2012. The patient developed chronic pain of the left wrist that was managed with multiple medications to include gabapentin for neuropathic pain, naproxen as an anti-inflammatory, Protonix to treat upset stomach, Paxil for depression, and Vicodin and tramadol for pain control. The patient was evaluated in 11/2013. It was documented that the patient was taking Protonix for medication-induced gastritis. The patient's most recent clinical evaluation documented that the patient needed the prescribed medications to remain functional. Physical findings included a positive Tinel's sign of the bilateral wrists and elbows with a positive hyperflexion test, a positive reverse Phalen's and Phalen's test, and minor thenar atrophy of the left thumb. The patient's diagnoses include left wrist joint inflammation, carpal tunnel syndrome of the right wrist, insomnia, and ulnar neuritis. The patient's treatment plan included continuation of medications and avoidance of repetitive motions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAXIL 20MG QTY 60 11/6/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR

CHRONIC PAIN; AND NON-NEUROPATHIC PAIN. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), MENTAL ILLNESS & STRESS, MDD TREATMENT, MILD PRESENTATION AND OFFICIAL DISABILITY GUIDELINES (ODG), PAIN (CHRONIC); ANXIETY MEDICATIONS IN CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: The requested Paxil 20 mg #60 is not medically necessary or appropriate. American College of Occupational and Environmental Medicine recommends short courses of antidepressants in the treatment of depression related to chronic pain. However, the request as it is written does not clearly identify an intended duration of treatment. Additionally, there were no objective or subjective functional measures of the patient's depressive symptoms so that the efficacy of this medication could be measured. As such, the requested Paxil 20 mg #60 is not medically necessary or appropriate.

PAXIL 20MG QTY 60 BETWEEN 11/6/2013 AND 1/18/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN; AND NON-NEUROPATHIC PAIN. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), MENTAL ILLNESS & STRESS, MDD TREATMENT, MILD PRESENTATION AND OFFICIAL DISABILITY GUIDELINES (ODG), PAIN (CHRONIC); ANXIETY MEDICATIONS IN CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: The requested Paxil 20 mg #60 is not medically necessary or appropriate. American College of Occupational and Environmental Medicine recommends short courses of antidepressants in the treatment of depression related to chronic pain. However, the request as it is written does not clearly identify an intended duration of treatment. Additionally, there were no objective or subjective functional measures of the patient's depressive symptoms so that the efficacy of this medication could be measured. As such, the requested Paxil 20 mg #60 is not medically necessary or appropriate.

2 PRESCRIPTIONS OF PROTONIX BETWEEN 11/6/2013 AND 1/18/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK and PROTON PUMP INHIBIT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Proton pump inhibitors (PPIs)

Decision rationale: The 2 prescriptions for Protonix are not medically necessary or appropriate. California MTUS does recommend the use of gastrointestinal protectants for patients who are at risk for developing gastrointestinal disturbances due to medication usage. The patient's most recent evaluation does not provide an adequate assessment of the patient's gastrointestinal system to support that they are at risk of developing gastrointestinal disturbances related to medication usage. Additionally, the clinical documentation does indicate that the patient has been on Prilosec since 11/2012. Official Disability Guidelines state Protonix is a second-line gastrointestinal proton pump inhibitor. The clinical documentation does not clearly identify why the patient was transitioned from a first-line gastrointestinal protectant such as Prilosec to a second-line treatment such as Protonix. Also, the request as it is written does not clearly identify the dosage, frequency, or intended duration of treatment. Therefore, the appropriateness of this medication cannot be determined. As such, the requested 2 prescriptions for Protonix are not medically necessary or appropriate.