

Case Number:	CM14-0001353		
Date Assigned:	01/22/2014	Date of Injury:	05/01/2009
Decision Date:	06/02/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/03/2014

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 and Rehabilitation, has a subspecialty in Pain Management, 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:

The patient is a 56-year-old with a date of injury of May 1, 2009. The listed diagnoses per [REDACTED] are history of de Quervain's tenosynovitis, history of right first dorsal compartment decompression, persistent right hand and right tenosynovitis, mild right carpal tunnel syndrome, and status post redo decompression of the first dorsal compartment with extensor tenolysis on November 2012. According to report dated November 18, 2013 by [REDACTED], the patient presents with persistent pain in her forearm with associated tingling and fatigue in her right hand. She also has decreased sensation in her first dorsal web space. Examination reveals persistent diffuse tenderness over the extensor with focal tenderness present over the right common extensor tendon. Additionally, there is some mild tenderness over the fourth dorsal compartment. There is also tenderness over the carpal tunnel. Tinel's sign and Durkan's sign are negative. Phalen's sign is positive on the right. The treater recommended Voltaren 100 mg #30, Protonix 20 mg #60, Ultram ER 150 mg #60, and Lidoderm patches 5% #1 box. Utilization review denied the request on December 9, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN 100 MG, THIRTY COUNT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60-61,.

Decision rationale: This patient presents with pain in her right forearm with associated tingling and fatigue in her right hand. The treater is requesting Voltaren 100 mg #30. For antiinflammatory medications, the Chronic Pain Medical Treatment Guidelines states "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." The Chronic Pain Medical Treatment Guidelines further states that for medications for chronic pain, pain assessment and functional level should be documented as related to medication use. In this case, the patient has been taking Voltaren since January 9, 2013 and the treater does not discuss in his reports from January 9 to November 18, 2013 the efficacy of using NSAIDs. The request for Voltaren 100 mg, thirty count, is not medically necessary or appropriate.

PROTONIX 20 MG: Upheld

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 Section, Page(s): 69.

Decision rationale: This patient presents with pain in her right forearm with associated tingling and fatigue in her right hand. The treater is requesting Protonix 20 mg #60. The Chronic Pain Medical Treatment Guidelines state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." The Chronic Pain Medical Treatment Guidelines recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, the treater has been prescribing Voltaren and Protonix together since January 9, 2013. Progress reports from February 6 to November 8, 2013 provide no discussions of gastric irritation, peptic ulcer history, or concurrent use of ASA. The request for Protonix 20 mg is not medically necessary or appropriate.

ULTRAM 150 MG, SIXTY COUNT: 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): 60-61,80, 81, 88-89.

Decision rationale: This patient presents with pain in her right forearm with associated tingling and fatigue in her right hand. The treater is requesting Ultram ER 150 mg #60. The Chronic Pain Medical Treatment Guidelines requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after

taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Medical records indicate the patient was been prescribed Ultram since January 9, 2013. There are monthly subsequent progress reports from February 6 to November 8, 2013 that recommends patient continue Ultram. None of those progress reports provide any discussion on pain reduction or any specific functional improvement from taking Ultram. The treater also does not provide "pain assessment" as required by the Chronic Pain Medical Treatment Guidelines. The request for Ultram 150 mg, sixty count, is not medically necessary or appropriate.

LIDODERM 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm® (lidocaine patch) Section, Page(s): 56-57.

Decision rationale: This patient presents with pain in her right forearm with associated tingling and fatigue in her right hand. The treater is requesting Lidoderm patches. The Chronic Pain Medical Treatment Guidelines under lidocaine indications are for neuropathic pain, "Recommended for localized peripheral pain after there has been evidence of trial of first line therapy. Topical lidocaine in the formulation of a dermal patch has been designs for orphan status by the FDA for neuropathic pain. Lidocaine is also use off label for neuropathy." In this case, this patient has been prescribed lidocaine patches since July 10, 2013. Given the patient's complaints of neuropathic pain, these topical patches may be indicated. However, review of reports from August 5 to November 8, 2013 does not provide any discussion of the efficacy of these patches. The Chronic Pain Medical Treatment Guidelines requires documentation of pain assessment and functional changes when medications are uses for chronic pain. The request for Lidoderm 5% is not medically necessary or appropriate.