

<b>Case Number:</b>	CM14-0009476		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	04/24/2012
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 51-year-old male who reported an injury on 04/24/2012. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to his left upper extremity. The injured worker was conservatively treated with physical therapy, corticosteroid injections, anti-inflammatories, and a brace. These failed to provide any significant benefit to the injured worker and the injured worker ultimately underwent carpal tunnel release of the left upper extremity on 01/13/2014. Prior to surgical intervention, the injured worker was evaluated on 01/02/2014. It was noted the injured worker had no contraindications for surgical intervention. It was noted the injured worker was using Norco to manage his chronic pain symptoms. Objective findings included tenderness to the left wrist upon palpation. The injured worker's diagnoses included carpal tunnel syndrome on the left, carpometacarpal joint inflammation of the thumb on the left hand, and tenosynovitis of the left hand. At that time the injured worker was prescribed Norco 10/325 mg, Ultracet 37.5/325 mg as needed for pain, amoxicillin 875 mg for prophylactic anti-infective measures, and gabapentin 600 mg for neuropathic pain. An appeal was made for previous denials of naproxen 550 mg, Protonix 20 mg, and Ultracet 37.5/325 mg. It was documented that those medications were effective in assisting the injured worker with pain management and functional improvement. The injured worker was evaluated postsurgically on 01/21/2014. It was documented the injured worker had constant 7/10 left hand pain, decreased to 4/10 with the use of Norco. The clinical evaluation revealed no evidence of swelling or drainage at the surgical site with ability to move all digits of the left hand. A request to refill medications was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: AMOXICILLIN 875 MG QTY: 20.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) INFECTIOUS DISEASE CHAPTER, AMOXICILLIN (AMOXIL®)

**Decision rationale:** The retrospective request for amoxicillin 875 mg quantity 20 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this type of medication. The Official Disability Guidelines recommend amoxicillin as a first-line treatment for cellulitis and other conditions related to infection. The clinical documentation submitted for review indicates that this antibiotic was administered prophylactically. There were no signs or symptoms of infection to support the use of this medication. As such, the retrospective request for amoxicillin 875 mg quantity 20 is not medically necessary or appropriate.

**FOR NEXT VISIT PROTONIX 20MG QTY: 60.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, 68

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, PAGE(S) Page(s): 68. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK

**Decision rationale:** The requested next visit Protonix 20 mg #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends gastrointestinal protectants if the injured worker is at risk for developing gastrointestinal events related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's gastrointestinal system to support that they are at risk for developing gastrointestinal events related to medication usage. Additionally, the Official Disability Guidelines recommend Protonix as a second-line treatment after the injured worker has failed to respond to first-line treatment such as omeprazole. There is no documentation that the injured worker has failed to respond to first-line medications such as omeprazole. Furthermore, the request as it is submitted does not provide a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the request for next visit Protonix 20 mg #60 is not medically necessary or appropriate.

**PROSPECTIVE: ULTRACET 37.5/325MG QTY: 60.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS-CLASSIFICATION-TRAMADOL (ULTRAM), 75

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** The request for next visit Ultracet 37.5/325 mg quantity 60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, evidence of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has significant pain relief resulting from medication usage. However, the clinical documentation failed to provide any significant functional benefit or that the injured worker is monitored for aberrant behavior. Therefore, continued use of this medication would not be supported. As such, the request for next visit Ultracet 37.5/325 mg quantity 60 is not medically necessary or appropriate. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information the appropriateness of the request cannot be determined.

**FOR NEXT VISIT NAPROXEN 550MG QTY: 60.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, 67-73

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN AND NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS), Page(s): 68.

**Decision rationale:** The requested naproxen 550 mg quantity 60 at the next visit is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of non-steroidal anti-inflammatory drugs in the management of chronic pain. However, medications used in the management of chronic pain must be supported by documentation of functional benefit and an assessment of pain relief. The clinical documentation does indicate that the injured worker has pain relief related to medication usage. However, there is no functional benefit within the documentation to support continued use of this medication. As such, the requested next visit naproxen 550 mg #60 is not medically necessary or appropriate. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information the appropriateness of the request cannot be determined.

**PROSPECTIVE: PROTONIX 20MG QTY: 60.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, 68

**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, NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK

**Decision rationale:** The retrospective request for prospective Protonix 20 mg #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this type of medication. The Official Disability Guidelines recommend amoxicillin as a first-line treatment for cellulitis and other conditions related to infection. The clinical documentation submitted for review indicates that this antibiotic was administered prophylactically. There were no signs or symptoms of infection to support the use of this medication. As such, the retrospective request for prospective Protonix 20 mg #60 is not medically necessary or appropriate. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information the appropriateness of the request cannot be determined.

**FOR NEXT VISIT ULTRACET 37.5/325MG QTY: 60.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS-CLASSIFICATION-TRAMADOL (ULTRAM), 75

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The prospective request for Ultracet 37.5/325 mg quantity 60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, evidence of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has significant pain relief resulting from medication usage. However, the clinical documentation failed to provide any significant functional benefit or that the injured worker is monitored for aberrant behavior. Therefore, continued use of this medication would not be supported. As such, the prospective Ultracet 37.5/325 mg quantity 60 is not medically necessary or appropriate. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information the appropriateness of the request cannot be determined.