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| Case Number: | CM14-0106873 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 10/14/2009 |
| Decision Date: | 10/09/2014 | UR Denial Date: | 06/26/2014 |
| Priority: | Standard | Application Received: | 07/10/2014 |

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, 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 injured worker is a 47-year-old male who sustained work-related injuries on October 14, 2009 while under the employment of [REDACTED]. He has a medical history of hypertension. He was diagnosed with left wrist fracture; two status post left wrist open reduction and internal fixation; avascular necrosis of the left scaphoid fracture; left upper extremity complex regional pain syndrome type I; right knee intra articular injury (right knee contusion); right knee small effusion and meniscus degeneration; chronic myofascial pain syndrome; and depression. Follow-up reports from February 13, 2014 through May 8, 2014 indicate the injured worker is being seen for complaints of right knee and left wrist pain. He received a therapeutic injection to the right knee under fluoroscopy on March 5, 2014 from which he derived 80% improvement of right knee symptoms. The physical examination findings were consistent for restricted right knee ranges of motion, restricted left wrist ranges of motion, and allodynia and hyperalgesia on the left wrist. The medication utility of this period includes Ultram 50 mg, Neurontin 600 mg, naproxen 550 mg, hydrochlorothiazide 25 mg, and Prilosec 20 mg. On May 27, 2014, the injured worker reported a severe flare-up of his left wrist pain and self-treated with morphine he received from his neighbor. Norco 5/325 mg thrice a day for breakthrough pain was prescribed. Follow-up reports from June 5, 2014 and July 3, 2014 noted complaints of persisting left wrist pain rated as 7-8/10 and knee pain rated as 3-4. According to the injured worker, "medications gave relief for a few hours and the pain starts to come back." The physical examination showed diminished sensation along the medial and lateral border of the left wrist. Tenderness was present across the right knee. Severe allodynia and hyperalgesia was present on the left wrist with increased perspiration. Ranges of motion of the left wrist were severely restricted. The medication regimen consists of Norco 5/325 mg thrice a day for breakthrough pain, Neurontin 600 mg twice a day, naproxen 550 mg one tablet twice a day,

Protonix 20 mg, and hydrochlorothiazide 25 mg. On July 14, 2014, the injured worker underwent left-sided stellate ganglion block and left-sided sympathetic gram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain; Opioids, specific drug list Page(s): 78;.

Decision rationale: The Chronic Pain Guidelines indicate that Norco is prescribed for moderate to moderately severe pain. The guidelines further indicate that this opiate medication should be monitored using the "4 A's" which include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. There is a lack of documentation indicating specific functional effect of the medication, proper analgesic effect from the medication, and increase in the injured worker's ability to undertake activities of daily living, or to address the adverse side effects of this medication since it has been prescribed. There is a lack of documentation of urine drug screens to monitor medication compliance and for risk stratification. Therefore, it can be concluded that the medical necessity of Norco 5/325 mg #90 is not medically necessary.

Protonix 20mg #60: 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; NSAIDs, specific drug list & adverse effects Page(s).

Decision rationale: The Chronic Pain Guidelines recommend the use of proton pump inhibitor (PPI) in workers with increased risk of gastrointestinal events. As per guidelines, long-term use has been shown to increase the risk of hip fracture. The medical records submitted have failed to establish the presence of dyspepsia, either nonsteroidal anti-inflammatory drugs-induced or stand-alone. Further, since the request for naproxen sodium is deemed not medically necessary, a proton pump inhibitor is not medically necessary for gastrointestinal protection. Therefore, it can be concluded that the medical necessity of the requested Protonix 20 mg #60 is not medically necessary at this time.