

Case Number:	CM14-0010619		
Date Assigned:	02/21/2014	Date of Injury:	02/01/2005
Decision Date:	09/05/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/27/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and wrist pain reportedly associated with an industrial injury of February 1, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; and adjuvant medications. In a Utilization Review Report dated December 30, 2013, the claims administrator approved a lumbar MRI, retrospectively approved a request for Vicodin, approved a request for Naprosyn, approved a request for Neurontin, and apparently denied a prospective request for Vicodin, a retrospective request for Prilosec, and a physiatry referral for possible injection and repeat fluoroscopy of the wrist. The claims administrator stated that the applicant needed to be reevaluated before a decision. The claims administrator stated, somewhat incongruously, that the applicant was improving with Vicodin and retrospectively approved a prescription for the same but then denied a prospective request for Vicodin on the grounds that the applicant should be reevaluated to determine ongoing need for Vicodin. The claims administrator also invoked non-MTUS Chapter 7, ACOEM Guidelines to deny the physiatry referral and mislabeled the same as originating from the MTUS. The applicant's attorney subsequently appealed. In a December 11, 2013 progress note, the applicant was described as having had a failed carpal tunnel release surgery and still had residual pain about the wrist joint with associated numbness, tingling, and paraesthesias. The applicant was not currently working and was having difficulty doing chores around the house, it was acknowledged. Tenderness about the CMC joint and diminished grip strength were noted about the hand and wrist. The applicant had elements of depression, it was stated. Repeat electrodiagnostic testing, Vicodin, Prilosec, Naprosyn, Neurontin, and a TENS unit were endorsed. The applicant was asked to consult a physiatrist to consider other treatments, including injection therapy. In an earlier progress note of November 13, 2013, the

applicant reported 5-6/10 pain without medications and 3/10 with Vicodin. The applicant stated that usage of Vicodin was allowing her to be more functional in terms of cooking, cleaning, and household chores for herself and her husband. It appeared that Protonix was endorsed on October 8, 2013, in which the attending provider stated that the applicant had upset stomach from taking medications. Somewhat incongruously, Prilosec was apparently prescribed on December 11, 2013. The attending provider had also issued Prilosec on August 22, 2013. The attending provider did not discuss how (or if) either Prilosec or Protonix were effective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #60 (date of service 12/17/2013): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Compensation, NSAIDs, GI Symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69; 7.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as Prilosec to combat issues with NSAID-induced dyspepsia, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations and should, furthermore, factor into account other applicant-specific variables such as other medications into his choice of recommendations. In this case, the attending provider has not stated why the applicant needs to use two separate proton pump inhibitors, namely Protonix and Prilosec. The attending provider has not stated whether or not (or if) the applicant issues with reflux, heartburn, and/or dyspepsia have abated in any way since introduction of Prilosec. Therefore, the request is not medically necessary.

Physiatry referral for possible injection and repeat fluoroscopy of the right wrist:

Overtaken

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and

determine whether a specialist evaluation is necessary. In this case, the applicant has persistent multifocal pain complaints. The applicant is off of work. Referral to a physiatrist specializing in delayed recovery and chronic pain cases is therefore indicated. Accordingly, the request is medically necessary.