

Case Number:	CM14-0013641		
Date Assigned:	02/26/2014	Date of Injury:	06/01/2010
Decision Date:	07/30/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	02/03/2014

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 Anesthesiology, 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 48-year-old who has filed a claim for bilateral carpal tunnel syndrome associated with an industrial injury date of June 01, 2010. Review of progress notes indicates improvement with surgery but persistence of bilateral wrist pain and weakness, with associated numbness and tingling at night and difficulty sleeping. The patient reports decreased neck pain. Findings include improvement of sensation of bilateral hands/fingers with full strength and motion of the wrists/hands. Treatment to date has included NSAIDs, opioids, TENS, wrist bracing, acupuncture, and left and right carpal tunnel releases (July 2012 and November 2012, respectively) with post-operative physical therapy. Utilization review from January 03, 2014 denied the retrospective requests for naproxen 550mg #60 as there was no documentation of improvements with use; trazodone HCl 50mg #30 as there was no documentation of insomnia; ranitidine HCl 300mg #30 as there was no documentation of GI symptoms or risk factors; and hydrocodone/APAP 5/500mg as there was no documentation of failure of non-opioid medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg, sixty count provided on December 2, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. Patient has been on this medication since March 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Therefore, the retrospective request for Naproxen Sodium 550mg, sixty count provided on December 2, 2013, is not medically necessary or appropriate.

Trazadone HCL 50mg, thirty count provided on December 2, 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 (ODG) Mental Illness & Stress Chapter, Trazodone (Desyrel).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Trazodone (Desyrel).

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone has also been used successfully in fibromyalgia. Patient has been on this medication since March 2013. Patient reports difficulty sleeping due to the pain, however, there is no indication that the patient also has depression or anxiety. Therefore, the retrospective request for Trazadone HCL 50mg, thirty count provided on December 2, 2013, is not medically necessary or appropriate.

Ranitidine HCL 300mg, thirty count provided on December 2, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI (gastrointestinal) Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA guidelines on Ranitidine.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. According to FDA, indications for ranitidine include short-term treatment and maintenance therapy of duodenal ulcer, short-term treatment and maintenance therapy for benign gastric ulcer, treatment of pathological hypersecretory conditions, treatment of GERD (gastroesophageal

reflux disease), and treatment and maintenance of erosive esophagitis. In this case, the patient has previously been on omeprazole, and there is no documentation regarding switching to ranitidine. There is also no recent documentation of upper GI symptoms or of GI risk factors. Therefore, the retrospective request for Ranitidine HCL 300mg, thirty count provided on December 2, 2013, is not medically necessary or appropriate.

Hydrocodone/APAP 5/500mg, 120 count provided on December 2, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since July 2012. However, there is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Therefore, the retrospective request for Hydrocodone/APAP 5/500mg, 120 count provided on December 2, 2013, is not medically necessary or appropriate.