

Case Number:	CM14-0017873		
Date Assigned:	04/16/2014	Date of Injury:	09/17/2008
Decision Date:	07/30/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/12/2014

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 Family 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 worker is a 64 year old female who was injured progressively up until 9/17/08 from repetitive movements with her arms and hands associated with her work in the mail room. She was later diagnosed with lateral epicondylitis right, deQuervain's tenosynovitis right, osteoarthritis, and neck pain. She was treated with conservative care including acupuncture, oral and topical medications, as well as steroid injections and surgery (right wrist). On 1/3/13, she was seen by her orthopedic physician complaining of continued right elbow/forearm/wrist/finger/shoulder/neck pain. She reported using topical non-steroidal anti-inflammatory drugs (NSAIDs) and heat, which help to ease the pain, but daily activities aggravate the pain. She had previously been offered an oral pain medication, but had not been taking it at that time. Physical examination revealed decreased strength in the right hand, moderate tenderness in the superomedial scapular angle on the right, slight tenderness anterior neck on right and the lateral humeral epicondyle, tenderness and positive grind test on right thumb carpal metacarpal joint, and a positive Finkelstein's test on right. On 1/10/14 she was seen by her pain specialist complaining of the same pain, rated at a 5/10 on the pain scale with the medications she was taking which included hydrocodone, Mentherm gel, naproxen sodium 550 mg twice daily, and Pantoprazole (one daily). She had reported that her primary physician recommended that she not take the NSAID due to her medical history of hypertension for many years. The patient had then mentioned that she preferred to stop her medications and take only over the counter Tylenol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm Gel 120GM, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topical Page(s): 105.

Decision rationale: Mentherm gel is a topical analgesic which contains methyl salicylate and menthol. The California MTUS Chronic Pain Guidelines state that methyl salicylate is recommended and is significantly better than placebo in chronic pain. Although Mentherm is a compounded product with no quality research to suggest the combination of these two medications are more effective than one alone, they both are relatively benign. However, without documented evidence that this particular product specifically had been producing a measurable effect on the worker's pain and function, it is not medically necessary.

Pantoprazole sodium (protonix) 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Gastrointestinal (GI) Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Gastrointestinal (GI) Symptoms and Cardiovascular Risk Page(s): 67-73.

Decision rationale: The California MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI (gastrointestinal) bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. Although the request was to review Protonix and not Naproxen sodium, which the worker had been taking and was approved for her to use, I disagree with the approval for use of the NSAID, chronically for the reasons stated above as well as for the fact that she has a history of hypertension. Also she had requested to be off of her medications except for Tylenol, according to the notes available for review. Therefore the Protonix is not medically necessary.

