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| Case Number: | CM14-0116483 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 10/15/2011 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 07/21/2014 |
| Priority: | Standard | Application Received: | 07/24/2014 |

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 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:

According to the records made available for review, this is a 57-year-old female with a 10/15/11 date of injury. At the time (7/21/14) of the Decision for Protonix/Pantoprazole 20mg, Norco / Hydrocodone-APAP 10/325mg, and Unknown Prescription of Terocin Patches, there is documentation of subjective (pain in the wrist, hand, finger, bilateral shoulders, right elbow, and neck) and objective (tenderness over the cervical paraspinals, bilateral shoulders, right medial and lateral epicondyles, and bilateral wrist) findings, current diagnoses (carpal tunnel syndrome, hand sprain/strain, trigger finger, wrist sprain/strain, rotator cuff syndrome, shoulder sprain/strain, elbow pain, and olecranon bursitis), and treatment to date (medications (including ongoing treatment with NSAID, Protonix, Norco, and Terocin patch since at least 3/21/14), acupuncture, physical therapy). 3/21/14 medical report identifies that there is ongoing opioid treatment assessment. Regarding Protonix, there is no documentation of risk for gastrointestinal events; and Protonix used as a second-line treatment. Regarding Norco, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix/Pantoprazole 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Protonix is being used as a second-line, as criteria necessary to support the medical necessity of Protonix. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, hand sprain/strain, trigger finger, wrist sprain/strain, rotator cuff syndrome, shoulder sprain/strain, elbow pain, and olecranon bursitis. In addition, there is documentation of ongoing treatment with Protonix. However, there is no documentation of risk for gastrointestinal events. Furthermore, there is no documentation that Protonix is being used as a second-line treatment. Therefore, based on guidelines and a review of the evidence, the request for Protonix/Pantoprazole 20mg is not medically necessary.

Norco / Hydrocodone-APAP 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271, 103.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, hand sprain/strain, trigger finger, wrist sprain/strain, rotator cuff syndrome, shoulder sprain/strain, elbow pain, and olecranon bursitis. In addition, there is documentation of ongoing treatment with Norco, Furthermore, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the

lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco / Hydrocodone-APAP 10/325mg is not medically necessary.

Unknown Prescription of Terocin Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICALS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-FOREARM, WRIST, & HAND (ACUTE &CHRONIC)TOPICAL ANALGESICS.

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

Decision rationale: Terocin patch contains ingredients that include Lidocaine and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, hand sprain/strain, trigger finger, wrist sprain/strain, rotator cuff syndrome, shoulder sprain/strain, elbow pain, and olecranon bursitis. However, Terocin patch contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Unknown Prescription of Terocin Patches is not medically necessary.