

<b>Case Number:</b>	CM14-0118747		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/26/2009
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Medicine, and is licensed to practice in Texas. 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 46-year-old female who is reported to have sustained injuries to her bilateral wrists on March 26, 2009. She is noted to have undergone a right carpal tunnel release on March 29, 2011 and a left carpal tunnel release on June 28, 2011. The injured worker is documented as undergoing right shoulder arthroscopic surgery on May 16, 2012 and left shoulder surgery on November 8, 2012. Most recent clinical records indicate that the injured worker has complaints of bilateral wrist pain. Pain with medication is 2/10 and her pain without medications is 6/10 on the visual analog scale. Per clinical note dated 07/07/14, the injured worker reports taking her medications as prescribed and that her medications are working well with no side effects. The injured worker reports upset stomach secondary to medication use. This record refers to a urine toxic screen which was negative for all medications. Current medication profile is reported to include Neurontin 600 mg, Voltaren 1% gel, Lunesta 2 mg, pantoprazole 20 mg, Cymbalta 30 mg, methadone 5 mg, and lisinopril hydrochlorothiazide 10/12.5 mg. Most recent physical examination notes the injured worker to be well-nourished and well-developed. Examination of both wrists reveal carpal tunnel release incisions. There is no limitation in range of motion. Phalen's sign is positive. Tinel's sign is positive. There is tenderness to palpation over the volar wrist. The injured worker is noted to have 4/5 strength in grip. She is noted to have decreased sensation in the left lower extremity and decreased sensation in the bilateral median nerve distribution. The record contains a utilization review determination dated 07/23/14 in which requests for methadone HCL 5 mg #180, pantoprazole sodium 20 mg #60, and Voltaren gel 1% #6 were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone HCl 5mg 180 count:** Upheld

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

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

**Decision rationale:** The submitted clinical records indicate that on July 7, 2014 the injured worker is documented as having a negative urine drug screen. As such, she is not compliant with her treatment plan. Additionally, there is no discussion regarding this negative result with the injured worker. As such, there is clear inconsistencies in the injured worker's reported use of this medication. Therefore, the request for Methadone HCl 5mg 180 count is not medically necessary or appropriate.

**Pantoprazole Sod Dr 20mg sixty count:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 66-69. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain- Proton Pump Inhibitors.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitor.

**Decision rationale:** The records indicate that the injured worker has chronically been maintained on oral medications and is reported to have medication induced gastritis. The record indicates that during a period of discontinuation of this medication the injured worker has increasing gastrointestinal pain. Therefore, the request for Pantoprazole Sod Dr 20mg sixty count is medically necessary and appropriate.

**Voltaren Gel 1%, six count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesics.

**Decision rationale:** The submitted clinical records provide absolutely no data which establishes the use of Voltaren gel results in functional improvements or decreased pain. Further, both CAMTUS and ODG note that topical NSAIDs/analgesics have not been found to provide

substantive benefit through rigorous randomized controlled trials. Therefore, the request for Voltaren Gel 1%, six count, is not medically necessary or appropriate.