

Case Number:	CM14-0132574		
Date Assigned:	08/22/2014	Date of Injury:	02/29/2004
Decision Date:	09/24/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/19/2014

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 Physical Medical and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas, and Oklahoma. 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 50-year-old male, who reported an injury 02/29/2004. The mechanism of injury was not provided within the medical records. The clinical note, dated 07/21/2014, indicated diagnoses of right shoulder pain, status post right shoulder surgery with a rotator cuff repair and acromioplasty dated 05/25/2005, right wrist, forearm, and elbow tendinitis with right carpal tunnel syndrome and cubital tunnel syndrome, insomnia and secondary anxiety due to chronic pain from the above diagnoses, upper back/thoracic strain with thoracic radiculopathy with radiating pain to the anterior chest wall, secondary depression due to chronic pain from the above diagnoses, and lumbar radiculopathy greater on the right than the left. The injured worker reported right shoulder pain increased by at or above shoulder level, reaching, and strenuous activity, right wrist/elbow/hand pain and numbness increased by repetitive activity or forceful gripping, mid back pain and upper back pain with radiation to the anterior chest wall, anxiety, insomnia, and depression due to pain, low back pain with radiation to the right leg with burning. The injured worker had a history of upper extremity pain that he described as 9/10 and thoracic pain discomfort that he rated at 5/10. The injured worker did continue with home exercises as tolerated. On physical examination of the lumbar spine, there was tenderness to palpation of paralumbar muscles with slight to moderate muscle spasms or tightness, greater on the right than the left. The straight leg raise test was positive on the right at 70 degrees in sitting and supine position, producing buttock and posterior thigh pain. The injured worker's thoracic spine inspection revealed tenderness of T3-7 thoracic region with spasms of the thoracic muscles. The shoulder exam revealed tenderness of the subacromial and deltoid area with decreased range of motion. The wrist exam revealed tenderness of the right volar wrist and tenderness of the flexor and extensor muscle of the right forearm with swelling and edema of the right forearm and hand.

The injured worker had a positive Phalen's test at the right wrist, producing paresthesia of all the digits at 25 seconds. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Naproxen, Pantoprazole, and Hydrocodone/APAP. The provider submitted a request for the above medications. A Request for Authorization was submitted for the above medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP (Dosage Unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids, criteria for use Page(s): 91; 78.

Decision rationale: There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors and side effects. In addition, it was not indicated if the injured worker had a signed opiate contract. Furthermore, the request does not indicate a dosage, frequency, or quantity. Therefore, the request for hydrocodone/APAP is not medically necessary.

Pantoprazole (Dosage Unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. The documentation submitted did not indicate the injured worker had findings that would support he was at risk for gastrointestinal bleeding or perforations or peptic ulcers. In addition, it was not indicated how long the injured worker had been utilizing this medication. Furthermore, the request does not indicate a dosage, frequency, or quantity. Therefore, the request for pantoprazole is not medically necessary.

Naproxen (Dosage Unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The CA MTUS guidelines recognize anti-inflammatories as the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. It was not indicated how long the injured worker had been utilizing this medication. Furthermore, the guidelines do not recommend long term use of NSAIDs. Furthermore, the request does not indicate a dosage, frequency, or quantity for the Naproxen. Therefore, the request for Naproxen is not medically necessary.