

Case Number:	CM14-0150304		
Date Assigned:	09/18/2014	Date of Injury:	08/28/2000
Decision Date:	10/17/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/15/2014

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 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 injured worker is a 54-year-old female who sustained an injury on 8/28/00. She complained of reflex sympathetic dystrophy of the upper extremities, continued pain in the wrists and in the left arm. She rated it at 7/10 average and worst pain at 10/10. The pain was constant but variable in intensity. Pain was particularly bad in the left thumb joint, which radiated up to left forearm and into left shoulder. She underwent a right carpal tunnel release in 2002 for the similar symptoms at that time. She continues to have gastrointestinal problems like nausea, vomiting, heartburn, and abdominal pain. She is also underweight due to poor absorption of nutrients due to persistent gastrointestinal issues. She is in follow up with a psychiatrist for medication management of her pain related mood disorder. She will attempt to receive two new soft wrist braces. Current medications include aspirin, Butrans, carvedilol, Cymbalta, docusate sodium, Dulcolax, folic acid, ibuprofen, Lidoderm, lorazepam, Lunesta, multivitamins, Neurontin, ProAir HFA, Symbicort, trazodone, Tylenol, and Voltaren. She is also taking gabapentin and pantoprazole. She is able to achieve a medium of pain relief with Butrans. She has been trying to do some walking for exercises. Diagnoses include carpal tunnel syndrome, complex regional pain syndrome, type II, upper limb, chronic pain syndrome, and psychophysiologic disorder. Physical examination and x-ray/magnetic resonance imaging information were not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 15mcg #4: Upheld

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

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

Decision rationale: Per the Official Disability Guidelines, Butrans is recommended as an option for treatment of chronic pain in selected injured workers (not first-line for all injured workers). Proposed advantages of treatment include an apparent anti hyperalgesic effect, ability to suppress opioid withdrawal and indications of safety for use in injured workers with renal impairment. Also, indicated in injured workers at high-risk of non-adherence with standard opioid maintenance and for analgesia in injured workers who have previously been detoxified from other high-dose opioids. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is no evidence of any of the above indications. There is little to no documentation of any significant improvement in pain level or function with prior use. There is no evidence of urine drug test in order to monitor compliance. There is no documentation of prior trial of first line opioid therapy. Therefore, the medical necessity for Butrans has not been established based on guidelines and lack of documentation.

Pantoprazole 20mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs
Page(s): 68.

Decision rationale: According to the CA MTUS, "proton pump inhibitors" are recommended for injured workers at intermediate risk for gastrointestinal events. The CA MTUS guidelines state proton pump inhibitor medications may be indicated for injured workers at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, gastrointestinal bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple non-steroidal anti-inflammatory drugs. Treatment of dyspepsia secondary to non-steroidal anti-inflammatory drugs therapy recommendation is to stop the non-steroidal anti-inflammatory drugs, switch to a different non-steroidal anti-inflammatory drugs, or consider H2-receptor antagonists or a proton pump inhibitor. In this case, the records indicate that the injured worker continued to have persistent gastrointestinal issues, while on pantoprazole. In this situation, the Ibuprofen should have been stopped or switched to another non-steroidal anti-inflammatory drugs, if necessary, as first line therapy, since pantoprazole was appeared to be ineffective in gastrointestinal protection. Therefore, the medical necessity of the request is not established per guidelines and based on documentation.

Lidoderm patch 5% #30 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56.

Decision rationale: Lidoderm is the brand name for a lidocaine patch. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitor anti-depressants or an anti-epileptic drug such as gabapentin or Lyrica). This is not a first-line treatment and is only Food and Drug Administration approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. There is no documentation of post-herpetic neuralgia in this case. Thus, the request is not medically necessary per guidelines

Multivitamin tablets #30 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/multivitamin.html>

Decision rationale: CA MTUS / ACOEM /ODG do not address the issue. Drugs.com was consulted. Multivitamins are used for the treatment or preventing of low levels of vitamins in the body. It may also be used for other conditions such as in cancer. There is no mention of any specific reason for prescribing multivitamins in this injured worker. The request is considered not medically necessary.

Voltaren Gel 1% 1 tube with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Page(s): 112.

Decision rationale: Per guidelines, Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, there is no documentation of osteoarthritis of ankle, elbow, foot, hand, knee, or wrist. There is little to no information as to specific reason for this medication. As such, the request is considered not medically necessary and is non-certified.