

<b>Case Number:</b>	CM14-0175735		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	03/14/2005
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Practice and is licensed to practice in Alabama, Mississippi & Tennessee. 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 63-year-old female who reported an injury on 03/14/2005. The mechanism of injury was not provided. On 09/04/2014, the injured worker presented with left hand/wrist problems and a follow-up for her right hand. She described ongoing pain affecting her activities of daily living. Upon examination of the right hand, there was decreased limited range of motion. The examination of the left hand noted a trigger thumb and possible Dupuytren's contracture of the 1st and 2nd fingers. The diagnoses were failed tendon repair of the right thumb, failed carpal tunnel release, thumb thenar prominence atrophy due to failed thumb repair, and myofascial pain in the bilateral hands. Current medications included Norco, Flexeril, and Protonix. The provider recommended Protonix, Flexeril, and Norco; there was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole (Protonix) 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (web version), Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Proton Pump Inhibitors (PPIs)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

**Decision rationale:** The request for pantoprazole (Protonix) 20 mg #60 is not medically necessary. According to the California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy and for those taking NSAID medications who have moderate to high risk for gastrointestinal events. The injured worker does not have a diagnosis congruent with the guideline recommendation for proton pump inhibitors. Additionally, there was no documentation to support that the injured worker had a moderate to high risk for gastrointestinal events. As such, medical necessity has not been established.

**Cyclobenzaprine (Flexeril) 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** The request for Cyclobenzaprine (Flexeril) 10 mg #60 is not medically necessary. The California MTUS Guidelines recommend Flexeril as an option for a short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The request for Flexeril 10 mg #60 exceeds the guideline recommendation of short term therapy. There is a lack of documentation of significant objective functional improvement with the use of the medication. As such, medical necessity has not been established.

**Hydrocodone (Norco) 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

**Decision rationale:** The request for Hydrocodone (Norco) 10/325 mg #60 is not medically necessary. The California MTUS Guidelines recommend opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The efficacy of the prior use of the medication was not provided. As such, medical necessity has not been established.