

Case Number:	CM14-0178822		
Date Assigned:	11/03/2014	Date of Injury:	10/14/2009
Decision Date:	12/08/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/28/2014

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 Internal Medicine 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 (IW) is a 47-year-old man with a date of injury of October 14, 2009. The mechanism of injury was a slip and fall. The injuries sustained from the fall were not documented in the medical record. The internal medicine and high blood pressure claim are non-industrial and not accepted by the carrier. Magnetic resonance imaging (MRI) of the right knee dated December 1, 2009 reveals intrasubstance degeneration of posterior horn of the medial meniscus without tear. Mild patellar chondromalacia and small joint effusion. Pre-patella soft tissue and dilated posterior knee pain consistent with varicosity. Pursuant to the progress note dated September 30, 2014, the IW complains of severe burning pain in the left wrist and forearm shooting in the left arm all the way to the left side of the neck with tingling, numbness and paresthesia. He rates his wrist pain as 7-9/10. Pushing, pulling, grabbing, and grasping with the left hand make pain worse. Objective findings revealed severe allodynia and hyperalgesia is present on the left wrist. Range of motion of the left wrist is severely restricted. There is decreased peripheral circulation in the left wrist. Excessive perspiration in the left wrist. Diagnoses include: Left wrist fracture, status post left wrist ORIF X 2; avascular necrosis of left scaphoid fracture; left upper extremity chronic regional pain syndrome, type 1; right knee intraarticular injury; right knee small effusion and meniscus derangement; chronic myofascial pain syndrome; and depression. The Provider requests a spinal cord stimulator trial for the IW. The provider states that the IW has undergone extensive care of treatment, including multiple opioid medications, physical therapy, home exercise program, left wrist ORIF and multiple left-sided stellate ganglion blocks with transient pain relief since November 9, 2010. Naproxen 550mg #60 is going to be discontinued as the IW has been on NSAIDs for a long time. Tylenol #3, Neurontin 600mg, and Protonix 20mg will be continued. He will continue range of motion, stretching and strengthening of the left wrist and right knee at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial, qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

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, Spinal Cord Stimulator

Decision rationale: Pursuant to the Official Disability Guidelines, the spinal cord stimulator trial is not medically necessary. Spinal cord stimulator (SCS) is recommended for selected patients with complex regional pain syndrome type I. Indications for stimulator implantation for complex regional pain syndrome include all of the following: limited response to non-interventional care; psychological clearance indicates realistic expectations and clearance for the procedure; there is no current evidence of substance abuse; there are no contraindications to a trial and five permanent placement requires evidence of 50% pain relief medication reduction or functional improvement after temporary trial. With reference to the psychological evaluation, psychological evaluation is recommended reading for fecal drug delivery systems and spinal cord stimulator trial. In this case, the requirement of a psychological clearance with report was provided. However, realistic expectations were not addressed in the final report. The report stated: "The injured worker reviewed the DVD that provided information about the spinal cord stimulator. He reported that he would like to manage his pain better so he can get back to work. He is open to getting a spinal cord stimulator trial. He had questions about range of motion with the implant and was referred back to his treating physician to get clarification". The discussion however does not seem to address realistic expectations as to outcome from the spinal cord stimulator. This was a last resort according to the treating physician. Consequently, the criteria for SCS has not been met. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, spinal cord stimulator trial is not medically necessary.

Protonix 20mg 2 qd, qty: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI, GI Effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, NSAI, GI Effects

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Protonix 20 mg two tabs daily #60 is not medically necessary. Proton actually proton pump inhibitor. Proton pump inhibitors are indicated when taken concurrently with nonsteroidal anti-inflammatory drugs and the patient is at risk for

gastrointestinal events. The risks include age greater than 65 years; history of peptic ulcer disease, G.I. bleeding or perforation; concurrent use of aspirin, steroids or anticoagulants and high dose/multiple nonsteroidal anti-inflammatory drug use. In this case, naproxen 550 mg PO BID was discontinued on the September 30, 2014 progress note. The injured worker did not have any other comorbid conditions that warranted the use of Protonix. Consequently, there is no medical indication documented in the record that warranted the use of Protonix. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Protonix 20 mg two tabs daily #60 is not medically necessary.