

Case Number:	CM14-0020304		
Date Assigned:	04/25/2014	Date of Injury:	04/24/2012
Decision Date:	07/07/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/18/2014

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 Medicine & Rehabilitation 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 51 year old male who reported an injury on 04/24/2012 secondary to unknown mechanism of injury. The injured worker was evaluated on 12/05/2013 for a pre-operative appointment. The exam noted tenderness along the injured worker's left wrist with mild Tinel and tenderness along the carpal tunnel. The diagnoses included carpal tunnel syndrome on the left, carpometacarpal joint inflammation of the left thumb and tenosynovitis on the left. The treatment plan included carpal tunnel release and continued medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

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

Decision rationale: The request for Protonix 20mg #60 is not medically necessary. The California MTUS Guidelines recommend the use of proton pump inhibitors when the patient is at intermediate risk for gastrointestinal events and on NSAIDs. The injured worker is on NSAIDs; however, there is no evidence in the documentation provided of a risk for gastrointestinal events.

In addition, the concurrent request for Naproxen was not medically necessary. Therefore, the request is not medically necessary.

NAPROXEN 550MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: The request for Naproxen 550mg #60 is not medically necessary. The California MTUS Guidelines state the use of NSAIDs is recommended as an option for short-term symptomatic relief of pain. However, there is no significant clinical evidence in the documentation provided of the efficacy of the prescribed medication. Therefore, based on the documentation provided, the request is not medically necessary.

NORCO 10/325MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-95.

Decision rationale: The request for Norco 10/325mg #180 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behavior and side effects. Therefore, based on the documentation provided, the request is not medically.

ULTRACET 37.5/325MG #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-95.

Decision rationale: The request for Ultracet 37.5/325mg #1 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and

evaluation of risk for aberrant drug use behavior and side effects. Therefore, based on the documentation provided, the request is not medically necessary.