MAXIMUS Federal Services

Case Number:	CM14-0023042		
Date Assigned:	05/14/2014	Date of Injury:	08/29/2012
Decision Date:	07/30/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/24/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in 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:

This 29-year-old patient has a date of injury on 8/29/2012. The mechnism of injury was not noted. On a physical exam on 12/16/2013, she presented with pain over the neck and right upper extremity. The exam showed the right hand with positive Phalen's and Tinel's signs and diminished sensation over the index and middle fingers. Her current medications are Anaprox, Norco, Protonix. On a progress report on 12/16/2013, the patient developed carpal tunnel syndrome, experiencing significant pain in the neck, with radiation of pain into the right upper extremity, pain in th right shoulder, and pain in the right elbow, all as result of cumulative trauma from performing data entry. Diagnostic impressions were not noted in this report.Treatment to date: medication therapy, behavioral modification. A utilization review decision on 1/23/2014 denied the request for Protonix stating that PPIs are recommended for patients at risk for gastrointestinal events. However, no risk factors for GI events are described. The request for Protonix is not substantiated. Regarding the request for Norco, objective functional improvements that the patient obtains with intake of this medication were not documented, such as being able to return to work. A Urine drug screen was also not included in the submitted reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Prontix 20mg: Upheld

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

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.

Decision rationale: The California MTUS does not address this issue. The ODG states proton pump inhibitors are recommended for patients at risk for gastrointestinal events. In addition, a trial of Omeprazole or Lansoprazole is recommended before Pantoprazole (Protonix) therapy, as Pantoprazole (Protonix) is considered second-line therapy. Although the patient does show risk for gastrointestinal events since they are taking an NSAID, no documentation exists that the patient failed 1st line therapy of Omeprazole or Lansoprazole first. Therefore, the request for Protonix 20mg #60 was not medically necessary.

120 Tablets of Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was no documentation of functional improvement or continued analgesia from the patient's current medication regimen. In addition, there was no evidence of CURES monitoring, pain contract, or urine drug screens performed. Therefore, the request for Norco 10/325 #120 was not medically necessary.