

Case Number:	CM14-0035057		
Date Assigned:	06/23/2014	Date of Injury:	08/16/2011
Decision Date:	07/22/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/20/2014

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 Orthopedic Surgery 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 claimant is a 51-year-old female who sustained injuries to the bilateral upper extremities as a result of cumulative trauma from a work related accident on 08/16/11. The records provided for review include a clinical report dated 01/13/14 noting current treatment with medications of Naprosyn, Norco, Protonix, and Topamax for the diagnoses of carpal tunnel syndrome, lateral epicondylitis, and tarsal tunnel syndrome. The report does not detail the benefit received from these medications. The records do not include any indications for operative intervention. Looking over the claimant's past medical history, there is no documentation of any gastrointestinal diagnoses or risk factors. The request for this review is for continued use of Topamax, Protonix, Naprosyn, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 60 tablets of naproxen sodium (anaprox) 550mg between 1/13/2014 and 1/13/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : NSAIDS: Naproxen Page(s): 70-73.

Decision rationale: California MTUS Chronic Pain Guidelines do not recommend continued use of Naprosyn, an anti-inflammatory agent. The Chronic pain Guidelines only recommend use of an anti-inflammatory medication in the smallest dose possible for the shortest time frame possible. The claimant's medical records indicate the chronic usage of Naproxen. The records for review do not indicate that the claimant is experiencing an acute symptomatic flare of her condition or physical examination findings requiring the use of the agent. Therefore, the retrospective request for 60 tablets of naproxen sodium (anaprox) 550mg (DOS: 1/13/2014) is not medically necessary.

Retrospective 30 tablets of Norco (Hydrocodone Bitartrate-APAP) 10/325mg between 1/13/201 and 1/13/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: NORCO; Opioids-Criteria For Use Page(s): 91-92; 76-80.

Decision rationale: The California MTUS Chronic Pain Guidelines do not recommend continued use of Norco. The records indicate that the claimant has musculoskeletal and soft tissue complaints including lateral epicondylitis. The medical records do not document that the claimant received any benefit from using NORCO, a short acting narcotic analgesic. The Chronic Pain Guidelines recommend documentation of improved function and pain. Therefore, without documentation of benefit or indication of advancement of activities, the retrospective request for Norco (Hydrocodone Bitartrate-APAP) 10/325mg (DOS: 1/13/2014) is not medically necessary.

Retrospective 60 tablets of Pantoprazole Sodium (Protonix) 20mg between 1/13/2014 and 1/13/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: Prilosec: NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The California MTUS Chronic Pain Guidelines would not support continued use of Protonix. There is no documentation within the records that the claimant is currently experiencing gastrointestinal symptoms or has GI risk factors to require Protonix. Without documentation of a GI risk factor, per the Chronic Pain Guidelines, the use of this agent would not be supported for the claimant's current work related condition. Therefore, the retrospective request for 60 tablets of pantoprazole sodium (protonix) 20mg (DOS: 1/13/2014) is not medically necessary.

Retrospective 90 tablets of Topiramatae (Topamax) 100mg between 1/13/2014 and 1/13/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: Topomax; Anti-epilepsy Drugs Page(s): 21; 16-18.

Decision rationale: The California MTUS Chronic Pain Guidelines do not recommend the use of Topomax (Topiramate). The medical records document that the claimant's current diagnoses are carpal tunnel syndrome, tarsal tunnel syndrome, and lateral epicondylitis. The Chronic Pain Guidelines recommend the use of Topomax in treatment of neuropathic type pain but do not recommend its use for myofascial type pain. Therefore, the retrospective request for 90 tablets of topiramate (topamax) 100mg (DOS: 1/13/2014) is not medically necessary.