

Case Number:	CM14-0042256		
Date Assigned:	06/30/2014	Date of Injury:	08/05/2008
Decision Date:	08/19/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/14/2014

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 Occupational 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 claimant was injured on 08/05/08. Her medications Menthoderm and Protonix are under review. She has neuropathic pain and carpal tunnel syndrome. On 10/29/13, [REDACTED] stated that her past medical history was negative. She had tried multiple medications. Tramadol and doxycycline caused nausea and vomiting and were considered allergies. A review of systems was significant for nausea, joint stiffness, and muscle weakness. Her abdomen was not examined and there was no further discussion of the nausea. Right wrist trigger point injections were recommended on 11/18/13. On 11/20/13, [REDACTED] diagnoses were right carpal tunnel syndrome, tenosynovitis, and myofascial pain. On 12/24/13, therapy was recommended for right wrist pain. On 01/07/14, there was no mention of gastrointestinal complaints. Psychological therapy was recommended. On 02/04/14, she reported hand pain. She also has some headaches from her medications which include Gabapentin, hydrocodone, methadone gel, and Protonix. She had positive Phalen's and Tinel's with decreased range of motion, weakness in the wrist and decreased sensation in the lateral right hand. EMG/NCS was consistent with carpal tunnel syndrome. She was using Menthoderm gel and Protonix. Again there was no mention of gastrointestinal distress. The rest of the notes are older.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Gel 1 bottle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): page 143.

Decision rationale: The MTUS Chronic Pain Guidelines state topical agents may be recommended as an option but are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is no evidence of failure of all other first line drugs. The claimant received refills of her other oral medications, also, with no evidence of intolerance or lack of effect. There is no indication of trials and failure of all other methods of symptom control including local modalities, other first line drugs, or an exercise program. The medical necessity for 1 bottle of Menthoderm gel has not been clearly demonstrated.

Protonix DR 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 102.

Decision rationale: The MTUS Chronic Pain Guidelines state regarding proton pump inhibitors (PPIs), "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent." In this case, there is no documentation of GI conditions or increased risk to support the use of this medication. The only mention of nausea appeared to have been due to the use of medications to which the claimant was reportedly allergic and which she is not taking. There is no mention of ongoing symptoms of nausea or other gastrointestinal distress or chronic conditions for which this type of medication appears to be indicated. The medical necessity of this request for Protonix DR 20 mg #60 has not been clearly demonstrated. The request is not medically necessary and appropriate.