

Case Number:	CM14-0056388		
Date Assigned:	07/09/2014	Date of Injury:	05/09/2006
Decision Date:	08/08/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/25/2014

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 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:

According to the records made available for review, this is a 56-year-old female with a 5/9/06 date of injury, and status post carpal tunnel release October 2006, status post right thumb resection arthroplasty carpometacarpal joint December 2008, and status post first dorsal compartment release with distal pole scaphoid excision 1/10/13. At the time (3/28/14) of request for authorization for Prilosec 20 mg, dispensed 2 month QTY, 120.00 and Norco 10/325 mg, dispensed 2 month QTY 240, there is documentation of subjective (pain in wrist, numbness and tingling in hands especially her first and second finger, with pain 8/10 before medications and 4-5/10 with medications, and gastrointestinal upset that improves with Prilosec) and objective (tenderness over the medial aspect of wrist, left greater than right, positive Tinel's quite stronger in the left mildly on the right, and decreased sensation of first and second fingers of each hand to pinprick) findings, current diagnoses (right thumb pain status post right thumb resection arthroplasty carpometacarpal joint, left thumb pain, and bilateral carpal tunnel syndrome status post bilateral carpal tunnel release), and treatment to date (medications (including ongoing treatment with Norco (with improvement in function) and Prilosec)). Regarding Prilosec, there is no documentation of risk for gastrointestinal event. Regarding Norco, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg, dispensed 2 month QTY, 120.00: 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, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Protonix. Within the medical information available for review, there is documentation of diagnoses of right thumb pain status post right thumb resection arthroplasty carpometacarpal joint, left thumb pain, and bilateral carpal tunnel syndrome status post bilateral carpal tunnel release. However, despite documentation of gastrointestinal upset, there is no documentation of risk for gastrointestinal event including age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. Therefore, based on guidelines and a review of the evidence, the request for Prilosec 20 mg, dispensed 2 month QTY, 120.00 is not medically necessary.

Norco 10/325 mg, dispensed 2 month QTY 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of right thumb pain status post right thumb resection arthroplasty

carpometacarpal joint, left thumb pain, and bilateral carpal tunnel syndrome status post bilateral carpal tunnel release. In addition, given documentation of improvement in function with medications, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Norco use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 mg, dispensed 2 month QTY 240 is not medically necessary.