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| Case Number: | CM14-0062470 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 04/06/2005 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 04/15/2014 |
| Priority: | Standard | Application Received: | 05/05/2014 |

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder, wrist, hand, and upper extremity pain reportedly associated with an industrial injury of April 6, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; psychological counseling; earlier shoulder surgery; earlier carpal tunnel release surgery; and opioid therapy. In a Utilization Review Report dated April 14, 2014, the claims administrator denied a request for Naprelan, denied a request for MS Contin, approved a request for Pamelor, approved a request for Cymbalta, denied a request for gabapentin, and denied a request for Protonix. The applicant's attorney subsequently appealed. In an April 3, 2014 progress note, the applicant reported persistent complaints of pain. The applicant was apparently in the process of settling her claim with her claims administrator, it was stated. The applicant stated that her pain medications were beneficial, although this was not acted upon. The applicant was asked to employ long-acting naproxen for pain relief on a trial basis. The applicant was apparently recently placed on MS Contin, it was stated. Increasing paresthesias were noted about the hand. The applicant's complete medication list included morphine, Relafen, Pamelor, Cymbalta, Neurontin, Protonix on a p.r.n. basis for GI symptoms, Glucophage, Zocor, Zestril, and aspirin, it was stated. At the conclusion of the report, the attending provider elected to discontinue nabumetone and begin Naprelan. The applicant was asked to continue MS Contin at a heightened dose of 50 mg twice daily. The applicant was asked to continue Pamelor, Neurontin, and Cymbalta. Urine drug testing was also sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprelan ER 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naprelan section Page(s): 73.

Decision rationale: As noted on page 73 of the MTUS Chronic Pain Medical Treatment Guidelines, extended release Naprelan, the medication at issue here, is "not recommended" owing to delayed absorption. In this case, the attending provider has not furnished any rationale for usage of a drug which carries unfavorable in the MTUS Chronic Pain Medical Treatment Guidelines. It was not clearly established, for instance, why the applicant could not use other NSAIDs, which are recommended, such as nabumetone, the medication which the applicant was formerly taking. The MTUS position on the medication in question was unfavorable and a lack of rationale from the attending provider as to why other alternatives were unsuitable. Therefore, the request is not medically necessary.

MS Contin 15mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Sulfat section Page(s): 93.

Decision rationale: The request in question represents a second-time request for morphine and a first-time request at the 15-mg twice daily dosing proposed by the attending provider. As noted on page 93 of the MTUS Chronic Pain Medical Treatment Guidelines, extended release morphine should be reserve for applicants with chronic pain who are in need of continuous treatment. In this case, the attending provider has established that the applicant has chronic, longstanding pain complaints and is in need of continuous analgesia. A trial of morphine at the dosage proposed is therefore indicated. Accordingly, the request is medically necessary.

Gabapentin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit" as to whether there have

been improvements in pain and/or function with the same. In this case, the attending provider has not outlined any tangible or material decrements in pain or improvements in function achieved as a result of ongoing gabapentin usage. The applicant does not appear to be working. The applicant continues to have heightened difficulty performing activities of daily living, including gripping and grasping with the impacted hands. Continuing gabapentin does not appear to be indicated, as the applicant does not appear to have effected any lasting benefit or functional improvement as defined in MTUS s9792.20f through ongoing usage of the same. Therefore, the request is not medically necessary.

Protonix 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia, in this case, the attending provider has established that the applicant has ongoing issues with dyspepsia, reflux, and/or heartburn, either NSAID-induced or stand-alone. P.R.N. usage of Protonix to combat such symptoms of dyspepsia is indicated. Therefore, the request is medically necessary.