

Case Number:	CM14-0071287		
Date Assigned:	07/14/2014	Date of Injury:	04/24/2012
Decision Date:	08/18/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/16/2014

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 51-year-old male with a 4/24/12 date of injury, and status post left carpal tunnel release, internal neurolysis, tenosynovectomy, and distal forearm fasciotomy 1/13/14. At the time (4/21/14) of request for authorization for Norco 10/325mg (for next visit 5/8/14), Ultracet 37.5mg (for next visit 5/8/14), and Protonix 20mg (for next visit 5/8/14), there is documentation of subjective (daily pain in left wrist resulting in weaker gripping and grasping with occasional spasms, numbness, and tingling) and objective (range of motion of left wrist and hand satisfactory, although with discomfort during movement) findings, current diagnoses (carpal tunnel syndrome status post decompression on the left and carpometacarpal joint inflammation of the thumb on the left), and treatment to date (medications (including ongoing treatment with Norco, Ultracet (since at least 1/2/14), Naproxen, and Protonix with medications helpful in decreasing his symptoms and allowing him to be functional)). 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. Regarding Ultracet, 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 and the intention to treat over a short course. Regarding Protonix, there is no documentation of high dose/multiple NSAID and that Protonix is being used as a second-line.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg (for next visit 5/8/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-80 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 carpal tunnel syndrome status post decompression on the left and carpometacarpal joint inflammation of the thumb on the left. In addition, given documentation that medications allow him to be functional, 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 10/325mg (for next visit 5/8/14) is not medically necessary.

Ultracet 37.5mg (for next visit 5/8/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-80 Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioids, specific drug list.

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. ODG states Ultracet is indicated for short term use 5 days in acute pain management. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome status post decompression on the left and carpometacarpal joint inflammation of the thumb on the left. In addition, given documentation that medications allow him to be functional, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Ultracet 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. In addition, given documentation of records reflecting prescriptions for Ultracet since at least 1/2/14, there is no documentation of the intention to treat over a short course (less than 5 days). Therefore, based on guidelines and a review of the evidence, the request for Ultracet 37.5mg (for next visit 5/8/14) is not medically necessary.

Protonix 20mg (for next visit 5/8/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain: Non-steroidal anti-inflammatories (NSAIDs) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, page(s) 68-69 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 > 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, and that Protonix is being used as a second-line, as criteria necessary to support the medical necessity of Protonix. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome status post decompression on the left and carpometacarpal joint inflammation of the thumb on the left. In addition, there is documentation of treatment with an NSAID (Naproxen). However, there is no documentation of high dose/multiple NSAID and that Protonix is being used as a second-line. Therefore, based on guidelines and a review of the evidence, the request for Protonix 20mg (for next visit 5/8/14) is not medically necessary.