

Case Number:	CM14-0077656		
Date Assigned:	07/18/2014	Date of Injury:	04/06/2011
Decision Date:	09/22/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/28/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand and finger pain reportedly associated with an industrial injury of April 6, 2011. Thus far, the applicant has been treated with analgesic medications; opioid therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated April 30, 2014, the claims administrator partially certified a request for Ultracet, denied a request for Protonix, approved a request for Cefprozil, and approved a request for Naprosyn. The applicant's attorney subsequently appealed. In a May 8, 2012 progress note, the applicant was described as pending a right index finger surgery. The applicant stated that he ceased smoking several years prior and was not using any illicit substances. There was no mention of issues with reflux or heartburn on that date. In an April 16, 2014 progress note, the applicant was described as having undergone a left index finger amputation of distal phalanx following an initial failed fusion at the DIP joint of the left index finger. The applicant's medication list included Motrin, Zestril, Zestoretic, and Prinzide. The applicant did have hypertension, it was acknowledged. The applicant specifically denied any issues with gastric ulcers, duodenal ulcers, abdominal pain, nausea, vomiting, dysphagia, or GERD; it was stated on this date. It was suggested that the applicant pursue planned further index surgery without risk. On March 7, 2014, the applicant was again described as having a crush injury to the index finger with associated deformation. Again, there was no mention of any issues with reflux or heartburn on this date. On October 14, 2013, the applicant had ongoing complaints of index finger pain, exacerbated by gripping and grasping, ranging from 1-8/10. The applicant was smoking 10 cigarettes a day; it was suggested on this occasion. The applicant denied gastrointestinal upset in the review of systems section of the report. The applicant's medication list was not detailed. On June 6, 2014, the applicant was described as having undergone an amputation of the distal digit. The applicant was receiving

physical therapy. The applicant was asked to employ Gabapentin for pain relief. On March 7, 2014, the applicant was described as having an adequate supply of Ibuprofen. Again, the applicant's medication list was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Tramadol/APAP 37.5/325mg #60, for DOS 4/21/2014:

Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 94.

Decision rationale: As noted on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, Tramadol and, by implication, Tramadol-Acetaminophen is indicated in the treatment of "moderate-to-severe pain." In this case, the applicant apparently underwent surgery involving the index finger on and around April 21, 2014. The applicant could reasonably or possibly have been expected to have pain at the moderate to severe level. Provision of Tramadol-Acetaminophen was indicated on and around the date in question as the applicant apparently underwent a preoperative history and physical on April 16, 2014 implying that the applicant was pending a digital amputation surgery on and around that date. Therefore, the request was medically necessary.

Retrospective Request for Pantoprazole 20mg, #60, for DOS 4/21/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as Protonix or Pantoprazole in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention made of any active symptoms of reflux, heartburn, and/or dyspepsia on any of the progress notes referenced above. In a preoperative history and physical of April 16, 2014, the applicant specifically denied any history of gastroesophageal reflux disease, dysphagia, duodenal ulcers, gastric ulcers, etc. Provision of Pantoprazole, then, by implication, was not indicated. Therefore, the request was not medically necessary.