

Case Number:	CM14-0087331		
Date Assigned:	07/23/2014	Date of Injury:	09/06/2000
Decision Date:	08/27/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/11/2014

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 Physical Medicine and Rehabilitation 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 patient is a 57 year old female who was injured on 09/06/2000. The mechanism of injury is unknown. The patient underwent a right stellate ganglion block under flurosopic guidance on 06/09/2014 and 02/12/2014 which provided improvement. Prior medication history as of 06/03/2014 and 02/03/2014 included Lunesta 3 mg, Nexium 20 mg, Norco 10/325 mg, and SymbicortMDI prn. Progress report dated 06/03/2014 states the patient complained of pain and sensitivity in the right hand. She has limited range of motion in the 4th and 5th digits of the right hand. She indicated she has not been taking her Klonopin at the same times as the Norco. Objective findings on exam revealed right hand limited range of motion with limitation in finger extensions. There is pain with manual extension at this time of the fingers and thumb. Right grip strength is 3/5 and on the left is 4/5. There is pain over the ulnar aspect of the right wrist and forearm to pressure. Left wrist without allodynia or hyperesthesia. She has reproducible pain to flexion and extension in the left wrist. She has pain over the thenar eminence as well as palmar aspect of the left wrist. The patient is diagnosed with bilateral wrist pain, right significantly greater than left due to ulnar neuropathy and possible unresolved carpal tunnel syndrome; sympathetically mediated component of pain refractory to stellate ganglion blocks. The treatment and plan consists of Norco 10/325 mg, Prior utilization review dated 06/03/2014 by [REDACTED] states the requests for Lunesta 3 mg every hour, as needed (qhs prn), Nexium 20mg daily (qd) and Proventil MDI as needed (prn)are denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3 mg every hour, as needed (qhs prn): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, Pain, Insomnia Treatment & Mental illness and stress, Eszopicolone (Lunesta).

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) guidelines do not discuss Lunesta. Lunesta is a non-Benzodiazepine sedative-hypnotics. According to guidelines, insomnia treatment is for short-term use only. The medical records indicate chronic use of Lunesta. The medical necessity is not established.

Nexium 20mg daily (qd): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

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, Proton pump inhibitors.

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS), Protonix (Pantoprazole); a proton pump inhibitor that is recommended for patients at risk for gastrointestinal events. Risk factors for gastrointestinal events include: (1) age > 65 years; (2) history of peptic ulcer, gastrointestinal bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple Non-steroidal anti-inflammatory drug (NSAID) (e.g., NSAID + low-dose ASA).The medical records do not document that the patient is at risk for GI events. Therefore, Protonix is not medically necessary according to the guidelines.

Proventil MDI as needed (prn): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0008848/?report=details>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://reference.medscape.com/drug/proventil-hfa-ventolin-hfa- albuterol-343426>.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) do not discuss Proventil. According to references, Proventil is indicated for bronchospasm or spinal cord injury. The medical records do not include these diagnoses. Therefore, the medical necessity is not established.

