MAXIMUS Federal Services

Case Number:	CM14-0089098		
Date Assigned:	07/23/2014	Date of Injury:	12/29/1997
Decision Date:	08/28/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/13/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 65 year old with a work injury dated 12/29/97. The diagnoses include: (1) History of left upper extremity pain with fusion of the left wrist and removal of hardware with retained hemoclips with a small ganglion cyst in the dorsum of the wrist. (2) CMC joint arthritis in the left thumb base (3) Lateral epicondylitis and medial epicondylitis in the left elbow (4) Triggering of 3rd and 4th digit of the left hand today. (5) Dyspepsia from NSAID use (6) Insomnia -due to pain. Under consideration is a request for Protonix 40 mg Quantity: 30; Celebrex 200 mg Quantity: 60; Norco 10/325 mg Quantity: 60. There is a primary treating physician (PR-2) document dated 6/23/14 that states that the patient reports persisting pain in the left wrist, forearm, and hand. She reports difficulty trying to grip and grasp with her hand. She rates her pain 8/1 0, at best a 5/10 with the medications and at worse a 10/10. She states she has been getting locking of the 3rd and 4th digits again when she tries to grip and grasp. She states all of the medications are helpful and reports 50% reduction in her pain, 50% functional improvement with activities of daily living with the medications versus not taking them at all. She uses Norco one or two per day when she has severe pain flare-ups, Celebrex for inflammation. She also uses Protonix to offset dyspepsia side effect from the medications prescribed. She is on Social Security disability. She is not working. She also uses a paraffin hot wax unit daily. It helps her facilitate herself exercise regime. On exam Blood pressure is 122/72.The left wrist exam reveals inability to flex or extend her wrist secondary to surgical fusion. Passive range of motion of the CMC joint is very painful for her. There is some triggering of the 3rd and 4th digits on flexion and extension at the MP joint. There is a small palpable ganglion cyst over the dorsum of the wrist as well. There is significant disuse atrophy noted in the thenar and hypothenar eminences and interosseous muscles of the left hand. Grip

strength is quite diminished in the left hand. The treatment plan included a refill of Protonix, brand name only, 20 mg daily for dyspepsia, 30; Celebrex 200 mg bid for inflammation and pain, 60; Norco 10/325 mg tabs, 1 twice daily p.r.n. severe pain flare up only 60; and paraffin wax for her wax unit. There is a document dated 7/29/13 that states that the patient takes over the counter Tylenol and Celebrex off and on for pain and occasional Norco for severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 40 mg Quantity: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: Protonix 40 mg Quantity: 30 are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. There is no history that patient meets MTUS criteria for a proton pump inhibitor including : (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. The guidelines state that the treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a proton pump inhibitor. Elsewhere in this review it was deemed that Celebrex was not medically necessary, therefore Protonix 40 mg Quantity: 30 are not medically necessary.

Celebrex 200 mg Quantity: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications and celebrex NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-71.

Decision rationale: Celebrex 200 mg Quantity: 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUs does state that anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The documentation indicates that the patient has been on Celebrex since at least June of 2013 without evidence of significant functional improvement or improvement in symptoms. Furthermore the medication is causing her dyspepsia. The request for Celebrex 200 mg Quantity: 60 is not medically necessary.

Norco 10/325 mg Quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule--Definitions- page 1 (functional improvement).

Decision rationale: Norco 10/325 mg Quantity: 60 are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines The Chronic Pain Treatment Guidelines state that opioids should be discontinued when there is no overall improvement in function (as defined by the MTUS) and to continue opioids if the patient has returned to work and has improved functioning and pain. The documentation does not indicate a significant functional improvement as defined by the MTUS despite remaining on long term Norco. The request for Norco 10/325mg Quantity: 60 is not medically necessary.