

Case Number:	CM14-0117369		
Date Assigned:	08/04/2014	Date of Injury:	12/29/1997
Decision Date:	01/27/2015	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/24/2014

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 Emergency 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:

This is a 64 year old female who sustained a work related injury on December 29, 1997 while working as a customer Service representative. She picked up a computer and injured her left thumb and wrist. The injured worker underwent a left wrist fusion in 2000. She also underwent removal of hardware of the left wrist, date unspecified. Work status is permanent and stationary. Treatments have included pain medication and intermittent therapy. Most current documentation dated June 23, 2014 notes that the injured worker had persistent pain in the left wrist, forearm and hand. She had difficulty with gripping and grasping the left hand. The pain intensity varied and at best with medication, was five out of ten on the Visual Analogue Scale. The injured worker had fifty percent improvement in the pain level and functional improvement with activities of daily living, with the use of the pain medications. Medications include Noeco, Celebrex and Protonix. The injured worker also used a paraffin hot wax unit daily. Physical examination of the left wrist revealed the inability to flex or extend the wrist secondary to a surgical fusion. Passive range of motion of the carpometacarpal joint was very painful. There was also triggering of the third and fourth digits. A small palpable ganglion cyst was noted over the dorsum of the wrist and significant disuse atrophy was noted in the left hand. Left hand grip strength was diminished. The injured worker participated in a home exercise regimen. Diagnoses include left upper extremity pain, history of a left wrist fusion and removal of hardware, carpometacarpal joint arthritis in the left thumb base, triggering of the third digit of the left hand and lateral epicondylitis and medial epicondylitis in the left elbow. The treating physician requested prescriptions for Protonix 40 mg # 30, Celebrex 200 mg # 60, Norco 10/325 mg # 60 and Ambien 10 mg # 30. Utilization Review evaluated and denied the medication requests on July 11, 2014. Utilization Review denied the Protonix 40 mg # 30 due to no recent medical documents to clarify medical necessity for a proton pump inhibitor medication. Prolong

use of proton pump inhibitor medication has been shown to increase the risk of a hip fracture. Official Disability Guidelines were referenced. Celebrex 200 mg # 60 was denied due to being a non-steroidal anti-inflammatory drug which is recommended for short-term symptomatic relief and acute mild to moderate pain. The injured workers pain was noted to be chronic. MTUS Chronic Pain Medical Treatment Guidelines, Non-Steroidal Anti-inflammatory Drugs were referenced. Utilization Review denied the request for Norco 10/325 mg # 60 due to opioid medications are not intended for long term use. Discontinuation is appropriate when there is no documented significant improvement or documentation of functional improvement. There are no recent medical documents to clarify the medical necessity. MTUS Chronic Pain Medical Treatment Guidelines, Opioids for Chronic Pain were referenced. The request for Ambien 10 mg # 30 was denied due to this type of medication is recommended for short-term use. It is recommended to limit the use of hypnotics to three weeks maximum in the first two months of injury only and is discouraged in the chronic phase. There is no recent medical documents to clarify the medical necessity. Official Disability Guidelines were referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 40mg QTY:30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Protonix 40mg QTY:30 , is medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has pain in the left wrist, forearm and hand. Utilization Review denied the Protonix 40 mg # 30 due to no recent medical documents to clarify medical necessity for a proton pump inhibitor medication. The treating physician has documented a history of medication-induced GI distress symptoms. The criteria noted above having been met, Protonix 40mg QTY:30 is medically necessary.

Celebrex 200mg QTY:60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Celebrex 200mg QTY:60 , is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories 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 injured worker has pain in the left wrist, forearm and hand. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use, duration of treatment, nor hepatorenal lab testing. The criteria noted above not having been met, Celebrex 200mg QTY:60 is not medically necessary.

Norco 10/325mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-82.

Decision rationale: The requested Norco 10/325mg QTY: 60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain in the left wrist, forearm and hand. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg QTY: 60 is not medically necessary.

Ambien 10mg QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien).

Decision rationale: The requested Ambien 10mg QTY: 30 , is not medically necessary. CA MTUS/ACOEM is silent on this issue. Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien), notes "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic,

which is approved for the short-term (usually two to six weeks) treatment of insomnia". The injured worker has pain in the left wrist, forearm and hand. The treating physician has not documented the following: duration of treatment, detailed documentation of current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien 10mg QTY: 30 is not medically necessary.