

Case Number:	CM14-0188239		
Date Assigned:	11/18/2014	Date of Injury:	12/03/2002
Decision Date:	01/15/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/12/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 60-year-old female with a 12/03/02 date of injury, due to cumulative trauma. The patient underwent a right shoulder surgery in 2007. The patient was seen on 10/23/14 with complaints of 7-8/10 persistent pain and spasms in the right shoulder and right arm. The patient also reported popping and clicking in shoulders and wrists and numbness and tingling in all fingers. Exam findings revealed right upper extremity lateral abduction to 80 degrees, left upper extremity lateral abduction to 90 degrees, right and left wrist flexion and extension to 20 degrees, and bilateral elbow extension to 180 degrees and flexion to 150 degrees. The diagnosis is bilateral carpal tunnel syndrome, impingement syndrome, epicondylitis, ulnar nerve neuritis, wrist joint inflammation, and chronic pain syndrome. Treatment to date: right shoulder surgery, work restrictions, steroid injections, DME, PT, chiropractic treatments and medications. An adverse determination was received on 10/28/14, however the determination letter was not available for the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naflon 400mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter, NSAIDS)

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. The progress notes indicated that the patient was utilizing NSAIDS at least from 4/18/14, however there is a lack of documentation indicating subjective and objective functional gains from prior use. In addition, there is no rationale with regards to the necessity for Naflon for the patient. Therefore, the request for Naflon 400mg #60 was not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Pantoprazole (Protonix))

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. The progress notes indicated that the patient was utilizing Protonix at least from 4/18/14, however given the 2002 date of injury, the duration of Protonix use to date is not clear. In addition, there is a lack of recent documentation indicating that the patient suffered from gastrointestinal discomfort. Lastly, the recent progress notes indicated that the request for continuation of NSAIDs therapy was denied for the patient. Therefore, the request for Protonix 20mg #60 was not medically necessary.

Terocin pain patches #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Topical Analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

Decision rationale: Terocin Patch contains 4% lidocaine and 4% menthol. CA MTUS chronic pain medical treatment guidelines state that in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as

gabapentin or Lyrica). However, there is a lack of documentation indicating that the patient tried and failed first-line oral therapy for neuropathic pain. In addition, there is a lack of documentation indicating subjective and objective functional gains from prior use. Therefore, the request for Terocin pain patches #20 was not medically necessary.