

Case Number:	CM14-0190062		
Date Assigned:	11/21/2014	Date of Injury:	11/10/2011
Decision Date:	01/09/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/14/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 39 year old male with an injury date of 11/10/11. Based on the 10/08/14 progress report provided by treating physician, the patient is status post laceration of right hand third finger, and presents with right hand/third finger pain rated 7/10. Physical examination revealed hyperalgesia right hand third finger. Hyperesthesia from right elbow, distally. Jamar limited, no greater than 5 pounds. Spasm of the intrinsic muscles of the hand. Patient reports heightened function with medication at current dosing. Patient indicates that ADL's are maintained with medications including shopping for groceries, light household duties, preparing food, grooming, bathing and exercising. Patient's medications include Hydrocodone, Naproxen, Pantoprazole and Cyclobenzaprine. Hydrocodone is prescribed for "breakthrough pain, and decreases pain level an average of 4 points," with no side effects. NSAID's result in "2-3 point decrease in somatic pain and greater range of motion." Patient "recalls GI upset with no PPI, PPI at qd and bid dosing, however denies GI upset with PPI at current titrated dose tid. Recall failed trial of first-line Omeprazole, non-efficacious as patient did continue to experience occasional GI adverse effects, therefore second-line PPI, Pantoprazole is prescribed to minimize potential adverse GI events. Patient indicates no history of ulcer, hemoptysis, hematochezia, or cardiac history." Cyclobenzaprine decreases spasm average of 5 hours, with resultant improved range of motion, tolerance to exercise, and decrease in overall pain level 2-3 points. Facilitates adherence to exercise as well as activity, with no side effects. Patient is "high risk" category with history of alcohol or substance abuse, therefore once per month toxicology screens performed. UDS's dated 09/12/14 and 10/14/14, and patient is in compliance. Patient is temporarily partially disabled. Diagnosis 10/08/14- status post laceration right third finger- complex regional pain syndrome, right upper extremity, refractoryThe utilization review determination being

challenged is dated 10/14/14. The rationale follows:- NAPROXEN: "NSAIDs are generally prescribed for musculoskeletal pain; however, chronic NSAID use is not supported."- PANTOPRAZOLE: "...no clear indication that the concurrently requested NSAID has been authorized."- HYDROCODONE: "objective functional gains that the patient obtains from this medication was not provided, such as returning to work."- CYCLOBENZAPRINE: "this medication is not recommended to be used for longer than a two to three-week period."Treatment reports were provided from 06/02/14 - 10/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #90 1 orally twice a day: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 22.

Decision rationale: The patient presents with right hand/third finger pain rated 7/10. The request is for Naproxen 550mg #90 1 orally twice a day. The patient is status post laceration of right hand third finger. Patient's diagnosis dated 10/08/14 included complex regional pain syndrome, right upper extremity, refractory. Physical examination on 10/08/14 revealed hyperalgesia right hand third finger. Hyperesthesia from right elbow, distally. Jamar limited, no greater than 5 pounds, Spasm of the intrinsic muscles of the hand. Patient reports heightened function with medication at current dosing. Patient indicates that ADL's are maintained with medications including shopping for groceries, light household duties, preparing food, grooming, bathing and exercising. Patient's medications include Hydrocodone, Naproxen, Pantoprazole and Cyclobenzaprine. Patient is temporarily partially disabled. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. UR letter dated 10/14/14 states "NSAIDs are generally prescribed for musculoskeletal pain; however, chronic NSAID use is not supported." Per progress report dated 10/08/14, NSAID's result in "2-3 point decrease in somatic pain and greater range of motion." Patient reports heightened function with medication at current dosing. Patient indicates that ADL's are maintained with medications including shopping for groceries, light household duties, preparing food, grooming, bathing and exercising. The request meets MTUS indications. The request is medically necessary.

Pantoprazole 20mg #60 1 orally twice a day: Overturned

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

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

Decision rationale: The patient presents with right hand/third finger pain rated 7/10. The request is for Pantoprazole 20mg #60 1 orally twice a day. Patient's diagnosis dated 10/08/14 included complex regional pain syndrome, right upper extremity, refractory. Physical examination on 10/08/14 revealed hyperalgesia right hand third finger. Hyperesthesia from right elbow, distally. Jamar limited, no greater than 5 pounds. Spasm of the intrinsic muscles of the hand. Patient reports heightened function with medication at current dosing. Patient indicates that ADL's are maintained with medications including shopping for groceries, light household duties, preparing food, grooming, bathing and exercising. Patient's medications include Hydrocodone, Naproxen, Pantoprazole and Cyclobenzaprine. Patient is temporarily partially disabled. MTUS pg. 69 states "NSAIDs, GI symptoms and cardiovascular risk, Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. FDA indications <http://www.drugs.com/pro/protonix.html>, are present "Protonix- Pantoprazole, a PPI, Gastroesophageal Reflux Disease Associated with a History of Erosive Esophagitis. Protonix I.V. for Injection is indicated for short-term treatment (7 to 10 days) of adult patients with gastroesophageal reflux disease (GERD) and a history of erosive esophagitis." UR letter dated 10/14/14 states ". No clear indication that the concurrently requested NSAID has been authorized." Per progress report dated 10/08/14, Naproxen is included in patient's medications and results in "2-3 point decrease in somatic pain and greater range of motion." Patient "recalls GI upset with no PPI, PPI at qd and bid dosing, however denies GI upset with PPI at current titrated dose tid. Patient indicates no history of ulcer, hemoptysis, hematochezia, or cardiac history. "Recall failed trial of first-line Omeprazole, non-efficacious as patient did continue to experience occasional GI adverse effects, therefore second-line PPI, Pantoprazole is prescribed to minimize potential adverse GI events. The request is inline with MTUS indications, and medically necessary.

Hydrocodone 10/325 mg #60 1 orally twice a day: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids; Medication for chronic pain Page(s): 88 and 89, 78; 60-61.

Decision rationale: The patient presents with right hand/third finger pain rated 7/10. The request is for Hydrocodone 10/325mg #60 1 orally twice a day. Patient's diagnosis dated 10/08/14 included complex regional pain syndrome, right upper extremity, refractory. Physical examination on 10/08/14 revealed hyperalgesia right hand third finger. Hyperesthesia from right elbow, distally. Jamar limited, no greater than 5 pounds, Spasm of the intrinsic muscles of the hand. Patient's medications include Hydrocodone, Naproxen, Pantoprazole and Cyclobenzaprine.

Patient is temporarily partially disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. UR letter dated 10/14/14 states "objective functional gains that the patient obtains from this medication were not provided, such as returning to work." Hydrocodone is prescribed for "breakthrough pain, and decreases pain level an average of 4 points," with no side effects. Patient has not returned to work, however he reports heightened function with medication at current dosing. Patient indicates that ADL's are maintained with medications including shopping for groceries, light household duties, preparing food, grooming, bathing and exercising. Patient is "high risk" category with history of alcohol or substance abuse, therefore once per month toxicology screens performed. UDS's dated 09/12/14 and 10/14/14, and patient is in compliance. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request is medically necessary.

Cyclobenzaprine 7.5mg #90 1 orally 3 times a day as needed spasm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient presents with right hand/third finger pain rated 7/10. The request is for Cyclobenzaprine 7.5mg #90 1 orally 3 times a day as needed spasm. Patient's diagnosis dated 10/08/14 included complex regional pain syndrome, right upper extremity, refractory. Physical examination on 10/08/14 revealed hyperalgesia right hand third finger. Hyperesthesia from right elbow, distally. Jamar limited, no greater than 5 pounds. Spasm of the intrinsic muscles of the hand. Patient reports heightened function with medication at current dosing. Patient indicates that ADL's are maintained with medications including shopping for groceries, light household duties, preparing food, grooming, bathing and exercising. Patient's medications include Hydrocodone, Naproxen, Pantoprazole and Cyclobenzaprine. Patient is temporarily partially disabled. MTUS pg. 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Per progress report dated 10/08/14, Cyclobenzaprine decreases spasm average of 5 hours, with resultant improved range of motion, tolerance to exercise, and decrease in overall pain level 2-3 points. Cyclobenzaprine facilitates adherence to exercise as well as activity, with no side effects. Guidelines do not suggest use of Cyclobenzaprine for chronic use longer than 2-3 weeks. Review of reports do not show when patient has started Cyclobenzaprine, as it is first mentioned in progress report dated 10/08/14.

However, the request for quantity 90 does not indicate intended short-term use. The request is not medically necessary.