MAXIMUS Federal Services

Case Number:	CM14-0197488		
Date Assigned:	12/05/2014	Date of Injury:	05/14/2008
Decision Date:	01/22/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/24/2014

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 Physical Medicine Rehab, 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 64 year old female with an injury date of 05/14/08. Based on the 10/06/14 progress report provided by treating physician, the patient complains of right wrist pain rated 5-6/10 and left shoulder pain rated 4/10. Shoulder and wrist pain were rated 7/10 per progress report dated 07/14/14. Physical examination on 10/06/14 revealed tenderness noted to anterior aspect of left shoulder, with decreased active ranges of motion, especially on external rotation 50 degrees. Examination of the right wrist revealed tenderness over palpable lump over the DeQuervain's release scar. Positive Finkelstein and Tinel's. Sensory examination revealed grade 4/5 numbness in the dorsal sensory nerve of the right thumb.Per progress report dated 10/06/14, patient's medications include Vicodin, Neurontin, Motrin, Prilosec and Ambien, and she notes benefits. Neurontin, Motrin and Prilosec have not been mentioned in reports prior to 10/06/14. Patient uses Neurontin for neuropathic pain, Motrin for inflammation, and Prilosec for GI symptoms secondary to NSAID medication. Patient is not working.Diagnosis 07/14/14, 10/06/14- Status post left shoulder surgery x2. Operative reports not available; however, X-Rays show evidence for subacromial decompression and distal clavicle resection- Compensatory right carpal tunnel syndrome- DeQuervain's stenosing tenosinovitis, right wrist- Status post right DeQuervain release, 10/10/13The utilization review determination being challenged is dated 10/17/14. Treatment reports were provided from 04/08/14 - 10/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 600mg # 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22.

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

Decision rationale: The patient presents with right wrist. The request is for MOTRIN 600MG #90. Patient is status post right DeQuervain release 10/10/13, and left shoulder surgery x2, dates unspecified. X-Rays showed evidence for subacromial decompression and distal clavicle resection. Patient's diagnosis on 10/06/14 included compensatory right carpal tunnel syndrome and right wrist DeQuervain's stenosing tenosinovitis. Per progress report dated 10/06/14, patient's medications included Vicodin, Neurontin, Motrin, Prilosec and Ambien. Patient is not working.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. Motrin was prescribed for inflammation, per progress report dated 10/06/14. Motrin has not been mentioned in reports prior to 10/06/14, which may indicate recent initiation. Shoulder and wrist pain were rated 7/10 per progress report dated 07/14/14. On 10/06/14, the right wrist pain was rated 5-6/10 and left shoulder pain was rated 4/10. Patient presents with chronic pain and noted benefits with medication, which is indicated by guidelines. The request is medically necessary.

Neurontin 300mg # 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AED's Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18, 19.

Decision rationale: The patient presents with right wrist pain rated 5-6/10 and left shoulder pain rated 4/10. The request is for NEURONTIN 300MG #90. Patient is status post right DeQuervain release 10/10/13, and left shoulder surgery x2, dates unspecified. X-Rays showed evidence for subacromial decompression and distal clavicle resection. Patient's diagnosis on 10/06/14 included compensatory right carpal tunnel syndrome and right wrist DeQuervain's stenosing tenosinovitis. Per progress report dated 10/06/14, patient's medications included Vicodin, Neurontin, Motrin, Prilosec and Ambien. Patient is not working.MTUS has the following regarding Gabapentin on page 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain."MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Neurontin was prescribed for neuropathic pain, per progress report dated 10/06/14. Neurontin has not been mentioned in reports prior to 10/06/14, which may indicate recent initiation. Shoulder and wrist pain were rated 7/10 per progress report dated 07/14/14. On 10/06/14, the right wrist pain was rated 5-6/10 and left shoulder pain was

rated 4/10. Patient noted benefits with medication and she presents with carpal tunnel syndrome, which is indicated by guidelines. The request is medically necessary.

Prilosec 20mg # 30: Overturned

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 and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with right wrist pain rated 5-6/10 and left shoulder pain rated 4/10. The request is for PRILOSEC 20MG #30. Patient is status post right DeQuervain release 10/10/13, and left shoulder surgery x2, dates unspecified. X-Rays showed evidence for subacromial decompression and distal clavicle resection. Patient's diagnosis on 10/06/14 included compensatory right carpal tunnel syndrome and right wrist DeQuervain's stenosing tenosinovitis. Per progress report dated 10/06/14, patient's medications included Vicodin, Neurontin, Motrin, Prilosec and Ambien. Patient is not working.Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID.MTUS page 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." Prilosec is prescribed for GI symptoms secondary to NSAID medication, per progress report dated 10/06/14. Prilosec has not been mentioned in reports prior to 10/06/14, which may indicate recent initiation. Patient noted benefits with medications. It appears treater is prescribing Prilosec prophylactically due to Motrin in the medication regimen. Although reports do not describe any GI issues, patient is 64 years old and is at risk for GI event, according to MTUS. Therefore the request is medically necessary.