

<b>Case Number:</b>	CM14-0205293		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	06/26/2013
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a 53 year-old male who has a history of a cumulative trauma work injury while working as a correctional officer with a date of injury of 06/26/13. He had progressive pain, numbness, and tingling in the wrists and was diagnosed with probable carpal tunnel syndrome. EMG/NCS testing in July 2013 showed findings of moderate carpal tunnel syndrome and mild to moderate cervical radiculopathy. An MRI of the cervical spine showed findings of a central disc protrusion at C5-6 with moderate to severe foraminal stenosis. Treatments included shoulder injections and wrist injections, wrist splints, medications, and physical therapy. The claimant's height is 5 feet, 11 inches and in April 2014 he weighed 264 pounds which corresponds to a BMI of 36.8. He was seen by the requesting provider on 04/25/14. There had been an increase in dropping things. Review of systems was positive for stress, depression, and sleep disturbance. Physical examination findings included wrist tenderness and grip weakness. There was a rotator cuff tenderness without weakness. Tramadol ER, Protonix, trazodone, Naprosyn, and Neurontin were prescribed. His wrist braces were replaced. On 05/28/14 there had been a 30 pound weight gain since his injury. Physical examination findings included positive shoulder impingement testing bilaterally with acromioclavicular joint tenderness and positive cross arm test. There was wrist tenderness with positive Tinel sign. There was decreased shoulder range of motion with rotator cuff tenderness. He had decreased grip strength. Terocin was prescribed. On 07/01/14 he had now gained 40 pounds since injury. Medications were refilled. Authorization for lab testing was requested. On 07/30/14 he had been started on insulin. His hypertension was under control. He had positive Tinel, Phalen, and reverse Phalen testing. Recent lab testing had been normal. On 10/02/14 he had worsening of his diabetes and had elevated cholesterol. He was having difficulty sleeping due to his hand symptoms. Medications were refilled. On 11/04/14 he was

having ongoing symptoms. He was continuing to be treated for diabetes and hypertension. Physical examination findings included positive Tinel, Phalen, and reverse Phalen tests with abnormal sensation and hand tenderness. He had decreased grip strength. Authorization for carpal tunnel surgery had been approved. Nalfon (Fenoprofen), Neurontin, tramadol ER, Protonix, Zofran, amoxicillin, trazodone, and Terocin were prescribed. Post-operatively, 12 sessions of hand therapy was planned.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Protonix 20mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

**Decision rationale:** The claimant is more than 1 years status post work-related injury and continues to be treated for carpal tunnel syndrome. Medications have included Naprosyn and Fenoprofen. He has hypotension, variably controlled insulin dependent diabetes, and he is obese with a 40 pound weight gain since injury. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is being treated with NSAID medications and has multiple medical conditions including hypertension and diabetes. He would be considered as at intermediate risk for an adverse GI event related to NSAID use. In this clinical scenario, guidelines recommend use of a nonselective NSAID and a proton pump inhibitor such as Protonix which therefore is medically necessary.

#### **Zofran 8mg #02: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, 2009, page 1688

**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), Antiemetics.

**Decision rationale:** The claimant is more than 1 years status post work-related injury and continues to be treated for carpal tunnel syndrome. Medications include NSAIDs, Neurontin, tramadol ER, Protonix, Zofran, amoxicillin, Trazodone, and Terocin. Indications for prescribing Zofran (ondansetron) are for the prevention of nausea and vomiting associated with cancer treatments or after surgery. The claimant has not had recent surgery and is not being treated for cancer. ODG addresses the role of antiemetics in the treatment of opioid induced nausea. In this case, although the claimant is being prescribed Tramadol medication, there is no history of opioid induced nausea. Therefore, the use of this medication is not medically necessary.

**Amoxicillin #20: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Amoxicillin Prescribing Information.

**Decision rationale:** The claimant is more than 1 years status post work-related injury and continues to be treated for carpal tunnel syndrome. Medications include NSAIDs, Neurontin, tramadol ER, Protonix, Zofran, amoxicillin, Trazodone, and Terocin. Amoxicillin appears to be requested as antibiotic prophylaxis prior to occipital nerve stimulation revision surgery. In this case, the claimant has no evidence of infection either clinically or by lab testing. Therefore, Amoxicillin is not medically necessary.

**Terocin patches #20: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain (2) Lidoderm (lidocaine patch) (3) Topical Analgesics Page(s).

**Decision rationale:** The claimant is more than 1 years status post work-related injury and continues to be treated for carpal tunnel syndrome. Medications include NSAIDs, Neurontin, tramadol ER, Protonix, Zofran, amoxicillin, Trazodone, and Terocin. Terocin is a topical analgesic containing lidocaine and menthol. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore the prescribing of Terocin in a patch form is not medically necessary.

**Protonix 20mg for next visit #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

**Decision rationale:** The claimant is more than 1 years status post work-related injury and continues to be treated for carpal tunnel syndrome. Medications have included Naprosyn and Fenoprofen. He has hypotension, variably controlled insulin dependent diabetes, and he is obese with a 40 pound weight gain since injury. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is being treated with NSAID medications and has multiple medical conditions including hypertension and diabetes.

He would be considered as at intermediate risk for an adverse GI event related to NSAID use. In this clinical scenario, guidelines recommend use of a nonselective NSAID and a proton pump inhibitor such as Protonix, which therefore is medically necessary.

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