

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0206397 | | |
| Date Assigned: | 12/18/2014 | Date of Injury: | 01/19/2010 |
| Decision Date: | 03/04/2015 | UR Denial Date: | 11/10/2014 |
| Priority: | Standard | Application Received: | 12/09/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Emergency Medicine

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 injured worker (IW) is a 61 year old female with a date of injury of 01/19/2010 after cumulative trauma from repetitive work activities. She also had an accident on a bus injured her left hand on 10/21/2010. A note dated 12/29/2011 documented 4th and 5th left finger contractures. The Injured Worker was referred to an orthopedist. Past medical history included sinus retention cyst, hypertension, and trigeminal neuralgia. Treatments included analgesia, physical therapy, and a tenolysis and release procedure. On 03/12/2013 she refused flexion and extension motion post operative physical therapy and was told that the contractures would return if she does not move those fingers. On 08/12/2013 it was noted that she had a post surgical contracture of the left hand and muscle atrophy. She continued to have ongoing pain and return of the contractures. On 06/16/2014 a left wrist MRI revealed a small amount of fluid in the distal radioulnar joint suggestive of a tear of the central triangular fibrocartilage. A follow-up MRI of the left hand revealed no ligament or tendon injury. On 09/18/2014 and on 10/13/2014 urine drug screens were negative. However, in both tests the urine creatinine was low and the urine was dilute. The Injured Worker remained out of work. A UR decision dated October 14, 2014 non-certified a request for retrospective prescriptions of Naproxen, Pantoprazole and Zolpidem. A request for Vicodin was modified. CA MTUS guidelines were cited in support of these decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Naproxen 550mg #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): 67-68.

Decision rationale: According to CA MTUS chronic pain guidelines, non-steroidal anti-inflammatory agents are "recommended as an option for short term symptomatic relief" for the treatment of chronic low back pain. Further recommendations are for the lowest dose for a minimal duration of time. Specific recommendations for Naproxen recommend 2 or 3 times a day dosing depending on the formulary and the dosage prescribed. High dosing regimens should be limited up to six months. The documentation does not support improvement of symptoms with NSAIDs currently prescribed. Additionally, the request does include frequency and dosing of this medication. The request is medically not necessary.

Retro Pantoprazole Sodium (Protonix) 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI Symptoms and Cardiovascular Risk Page(s): 68 - 69.

Decision rationale: CA MTUS recommends the concomitant use of a proton pump inhibitor with the utilization of non-steroid anti-inflammatory agents for people who are at intermediate or high risk for gastrointestinal events. The documentation does not support a history of gastrointestinal processes or intolerance to NSAID medications previously prescribed. The request is not medically necessary.

Retro Hydrocodone/APAP 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication

including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. In addition, the request does not include dosing frequency or duration. The request for opiate analgesia is not medically necessary.

Retro Zolpidem 10mg #30: Upheld

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

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

Decision rationale: CA MTUS is silent on this request. ODG guidelines recommend Zolpidem for short-term treatment of insomnia. This medication is rarely recommended for long term use in individuals suffering from chronic pain. Documentation does not include the current use or efficacy of this medication. The request does not include dosing frequency. The request is not medically necessary.