

Case Number:	CM15-0000377		
Date Assigned:	01/09/2015	Date of Injury:	07/09/2013
Decision Date:	03/06/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/02/2015

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 is a 42 year old female who sustained an industrial injury on July 9, 2013 and again reported on 5/6/2014. The injured worker had previous work related injuries from 2008. She has reported left arm and wrist pain. The diagnoses have included moderate left carpal tunnel syndrome, mild right carpal tunnel syndrome and status bilateral carpal tunnel releases in 2011. Treatment to date has included left dorsal ganglion cyst excision, physical therapy, cortisone injection, acupuncture and medication management. Currently, the IW complains of bilateral hand numbness, right forearm/elbow pain and left wrist pain and difficulty with activities of daily living. The treatment plan included Naproxen 550 mg #60, Pantoprazole 20 mg #30, Gabapentin 300 mg #60 and Gabapentin/Amitriptyline/Capsaicin topical with 3 refills. On 12/26/2014, Utilization Review certified Gabapentin 300 mg #60 and non-certified the Naproxen, noting lack of functional benefit, Pantoprazole, noting lack of gastrointestinal complaints and Gabapentin/Amitriptyline/Capsaicin, noting the lack of medical necessity. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 01/02/2015, the injured worker submitted an application for IMR for review of Naproxen 550 mg #30, Pantoprazole 20 mg #30 and Gabapentin/Amitriptyline/Capsaicin with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg quantity 30: Overturned

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 rationale: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX 2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). In this instance, the injured worker has a pain level of 4-5/10 with medication and 7-8/10 without medication. She has failed surgery, physical therapy, and a TENS unit. In this instance, the continuation of Naproxen is medically appropriate. Therefore, Naproxen 550mg quantity 30 was medically necessary. it is noted that the dose of Naproxen was recently increased to twice daily which also appears to be appropriate.

Pantoprazole 20mg quantity 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: When prescribing an NSAID such as Naproxen the clinician should determine the risk for GI events such as gastric ulceration. Those risk factors include: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA) .Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44).In this instance, the dose of Naproxen was increased to 550 mg twice a day which is the maximum dose of the medication. Therefore, Pantoprazole 20mg quantity 30 is medically necessary.

Gabapentin/Amitriptyline/Capsaicin with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The cited guidelines state that any compound that contains one non-recommended ingredient is itself not recommended in its entirety. Topical gabapentin is not recommended by the guidelines and consequently Gabapentin/Amitriptyline/Capsaicin with 2 refills is not medically necessary.