

Case Number:	CM15-0007601		
Date Assigned:	01/22/2015	Date of Injury:	07/19/2013
Decision Date:	03/24/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/13/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41-year-old male who reported an injury on 07/19/2013 after a water heater allegedly pinned his wrist between a door and the water heater. This resulted in persistent left wrist pain. The injured worker's treatment history included home medications, activity modifications, and physical therapy. The injured worker's diagnoses included ulnar impaction syndrome of the left wrist, medial epicondylitis, chronic pain syndrome, and enlargement of the liver. The injured worker was evaluated on 10/09/2014. It was documented that the injured worker had persistent left elbow and wrist pain with weakness of the right wrist in flexion and extension rated at a 5-/5. The injured worker's medications included OxyContin, Cymbalta, Nalfon, Flexeril, and Protonix. A request was made for a refill of medications. A Request for Authorization was submitted on 12/09/2014 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Norco 10/325 mg #120 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain if supported by documented functional benefit, managed side effects, evidence that the injured worker is monitored for aberrant behavior, and documentation of increased functional benefit. The clinical documentation submitted for review does not provide an adequate assessment of pain relief, increased functional benefit, or evidence that the injured worker is monitored for aberrant behavior. Therefore, continued use of this medication would not be supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 mg #120 is not medically necessary or appropriate.

Protonix 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The requested Protonix 20 mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients who are at risk for development of gastrointestinal events related to medication usage. The clinical documentation submitted for review does indicate that the injured worker is prescribed this medication for gastric upset; however, Official Disability Guidelines recommend Protonix after the injured worker has failed to respond to first line medications such as omeprazole. There is no documentation that the injured worker has failed to respond to first line gastrointestinal protectants such as omeprazole. Additionally, the request as it is submitted, does not provide a frequency of use. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Protonix 20 mg #60 is not medically necessary or appropriate.