

Case Number:	CM15-0104797		
Date Assigned:	06/09/2015	Date of Injury:	02/22/2012
Decision Date:	08/24/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/01/2015

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

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 is a 34 year old female, who sustained an industrial injury on 02/22/2012. She has reported injury to the neck, right shoulder, and bilateral wrists. The diagnoses have included chronic right shoulder impingement syndrome with impending adhesive capsulitis; cervical pain; bilateral median neuropathy; bilateral carpal tunnel syndrome, right worse than left; right cubital tunnel syndrome; right De Quervain's tenosynovitis; and status post right first dorsal compartment tenosynovectomy and De Quervain's release, on 02/02/2015. Treatment to date has included medications, diagnostics, injections, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, home exercise program, and surgical intervention. Medications have included Hydrocodone, Tramadol, Naproxen Sodium, Cyclobenzaprine, and Pantoprazole. A progress report from the treating physician, dated 04/06/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the right wrist, rated at 6/10 on the pain scale; postoperative physical therapy to the right wrist facilitates diminution of pain and improves tolerance to activity and function; pain in the right shoulder, rated at 5/10; pain in the left wrist, rated at 3/10; pain in the cervical spine, rated at 5/10; and the medications at current dosing facilitate maintenance of activities of daily living, ability to adhere to recommended exercise regime, and improve tolerance to activity and improve function. Objective findings included well-healed incision with no infection and Jamar improved; tenderness of the right shoulder and cervical spine; and no focal upper extremity neurologic findings. The treatment plan has included the request for retrospective Pantoprazole

20mg 1 tablet 3 times a day #90; retrospective Naproxen Sodium 550mg 1 tablet 3 times a day #90; and retrospective Cyclobenzaprine 7.5mg 1 tablet 3 times a day as needed spasm #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Pantoprazole 20mg 1 tablet 3 times a day #90: Upheld

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 & cardiovascular risk Page(s): 68-69.

Decision rationale: The requested Retrospective Pantoprazole 20mg 1 tablet 3 times a day #90, is not medically necessary. California's Division of Workers' Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk or gastrointestinal events: (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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has pain in the right wrist, rated at 6/10 on the pain scale; postoperative physical therapy to the right wrist facilitates diminution of pain and improves tolerance to activity and function; pain in the right shoulder, rated at 5/10; pain in the left wrist, rated at 3/10; pain in the cervical spine, rated at 5/10; and the medications at current dosing facilitate maintenance of activities of daily living, ability to adhere to recommended exercise regime, and improve tolerance to activity and improve function. Objective findings included well-healed incision with no infection and Jamar improved; tenderness of the right shoulder and cervical spine; and no focal upper extremity neurologic findings. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Retrospective Pantoprazole 20mg 1 tablet 3 times a day #90 is not medically necessary.

Retrospective Naproxen Sodium 550mg 1 tablet 3 times a day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Retrospective Naproxen Sodium 550mg 1 tablet 3 times a day #90, is not medically necessary. California's Division of Workers' Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional

first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has pain in the right wrist, rated at 6/10 on the pain scale; postoperative physical therapy to the right wrist facilitates diminution of pain and improves tolerance to activity and function; pain in the right shoulder, rated at 5/10; pain in the left wrist, rated at 3/10; pain in the cervical spine, rated at 5/10; and the medications at current dosing facilitate maintenance of activities of daily living, ability to adhere to recommended exercise regime, and improve tolerance to activity and improve function. Objective findings included well-healed incision with no infection and Jamar improved; tenderness of the right shoulder and cervical spine; and no focal upper extremity neurologic findings. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Retrospective Naproxen Sodium 550mg 1 tablet 3 times a day #90 is not medically necessary.

Retrospective Cyclobenzaprine 7.5mg 1 table 3 times a day as needed spasm #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The requested Retrospective Cyclobenzaprine 7.5mg 1 table 3 times a day as needed spasm #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain in the right wrist, rated at 6/10 on the pain scale; postoperative physical therapy to the right wrist facilitates diminution of pain and improves tolerance to activity and function; pain in the right shoulder, rated at 5/10; pain in the left wrist, rated at 3/10; pain in the cervical spine, rated at 5/10; and the medications at current dosing facilitate maintenance of activities of daily living, ability to adhere to recommended exercise regime, and improve tolerance to activity and improve function. Objective findings included well-healed incision with no infection and Jamar improved; tenderness of the right shoulder and cervical spine; and no focal upper extremity neurologic findings. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Retrospective Cyclobenzaprine 7.5mg 1 table 3 times a day as needed spasm #90 is not medically necessary.