

Case Number:	CM15-0105632		
Date Assigned:	06/10/2015	Date of Injury:	09/26/2013
Decision Date:	07/10/2015	UR Denial Date:	05/11/2015
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: Physical Medicine & Rehabilitation

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 58 year old female, who sustained an industrial injury on September 26, 2013. Treatment to date has included medications, modified work duties, injections, and right carpal tunnel release surgery. Currently, the injured worker complains of continued wrist pain with tingling and numbness in the fingers of the left hand and associated triggering in the middle and index fingers. On physical examination the injured worker exhibited tenderness to palpation over the left carpal tunnel as well as the left index and middle fingers. She exhibited crepitation and triggering. Durkin's, Phalen's and Tinel's tests were positive on the left and she had normal median innervated digits of the right hand with continued attenuation on the left side. The diagnoses associated with the request include left carpal tunnel syndrome with bilateral flexor tenosynovitis and triggering. The treatment plan includes left carpal tunnel decompression with release of the left middle and index trigger digits, post-operative medications, and modified work duties. A request was received for Voltaren ER, Protonix 20mg and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Voltaren ER 100mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: 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. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have adequately addressed the indication to continue this NSAID for this injury as there are functional efficacy derived from treatment rendered inabling the patient to continue functioning. The Retrospective Voltaren ER 100mg #30 is medically necessary and appropriate.

Retrospective Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Protonix.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Protonix medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Protonix namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Retrospective Protonix 20mg #60 is not medically necessary and appropriate.

Retrospective Norco 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents

show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Retrospective Norco 10/325mg #30 is not medically necessary and appropriate.