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| Case Number: | CM15-0165321 | | |
| Date Assigned: | 09/02/2015 | Date of Injury: | 08/20/2013 |
| Decision Date: | 10/06/2015 | UR Denial Date: | 08/13/2015 |
| Priority: | Standard | Application Received: | 08/24/2015 |

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: Massachusetts

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 36 year old female who sustained a work related injury August 20, 2013. She developed pain in her hands due to cumulative trauma. Past history included asthma, arachnoid cyst, and right carpal tunnel surgery July, 2014. According to a primary treating physician's progress report, dated July 23, 2015, the injured worker presented with complaints of constant moderate to occasionally severe pain throughout her right hand. There is a burning sensation in the index and middle fingers and numbness and tingling in her hand and wrist with weakness. She also reports moderate to occasionally severe left hand pain, radiating to the elbow. There is numbness and tingling in the ring and pinky fingers with weakness of the hand; tightness, stiffness, and limited range of motion. She reports constant moderate to severe neck pain with radiation to the shoulders. There is limited range of motion and burning in the neck and numbness and tingling in the fingers of the left hand. Physical examination revealed; cervical spine- flexion 45 degrees, extension 45 degrees rotation 60 degrees bilaterally with tenderness over the cervical paraspinals and trapezius musculature; right wrist- tenderness with flexion and extension, Tinel's and Phalen's tests are positive. Treatment plan included an updated electrodiagnostic study to differentiate between radiculopathy and peripheral neuropathy or peripheral nerve entrapment syndromes. Diagnoses are cervical sprain; disc bulge, lumbar spine; status post right carpal tunnel release; left ulnar neuropathy. At issue, is the request for Motrin and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg; one bid to TID #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67-68 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-73 Page(s): 68-73.

Decision rationale: The claimant sustained a work injury in August 2013 and continues to be treated for neck pain and bilateral upper extremity pain with numbness, tingling, burning, and weakness. The claimant has a past medical history of asthma and gastroesophageal reflux disease. When seen, physical examination findings included decreased cervical spine range of motion with paraspinal and trapezius muscle tenderness. There was right wrist tenderness with positive Tinel's and Phalen's testing. Recommendations included repeat electrodiagnostic testing. Medications were refilled. Motrin was being prescribed at a dose of 1600 to 2400 mg per day. Oral NSAIDs (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations and is medically necessary.

Protonix 20mg; one BID, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, gastrointestinal symptoms & cardiovascular risk, p68-71 Page(s): 68-71.

Decision rationale: The claimant sustained a work injury in August 2013 and continues to be treated for neck pain and bilateral upper extremity pain with numbness, tingling, burning, and weakness. The claimant has a past medical history of asthma and gastroesophageal reflux disease. When seen, physical examination findings included decreased cervical spine range of motion with paraspinal and trapezius muscle tenderness. There was right wrist tenderness with positive Tinel's and Phalen's testing. Recommendations included repeat electrodiagnostic testing. Medications were refilled. Motrin was being prescribed at a dose of 1600 to 2400 mg per day. Guidelines recommend consideration of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take ibuprofen at the recommended dose and has a history of gastroesophageal reflux disease. The requested Protonix (pantoprazole) is medically necessary.