

Case Number:	CM15-0168310		
Date Assigned:	09/09/2015	Date of Injury:	05/16/2002
Decision Date:	10/23/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	08/26/2015

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:

This 61 year old female sustained a work related injury on 05-16-2002. According to a report dated 08-18-2015, the injured worker had a lot of symptomatology despite carpal tunnel release surgery on the right. She could not grab a pen and write due to weakness and shooting pain along the hand. Nerve studies in July 2014 showed moderate to severe carpal tunnel findings on the left, progressive and worsened from 2012. Interventional treatment on the left in the past had been denied. She was status post multiple injections to the thumb where she had triggering. The injured worker reported dropping things, dexterity issues, numbness, tingling, grip loss and some triggering along the thumb. She had a thumb spica splint on the right side. She did report numbness and tingling and function along the upper extremity was deteriorating. Pain traveled to the elbow. MRI of both wrists showed inflammation on the wrist on the right and on the left, it showed triscaphe arthritis and CMC joint arthritis. She was not doing any chores. Home help was being denied. She used a boot at times but came in with a walker and was still having difficulty walking the latter part of another claim. When she used a cane, it aggravated her upper extremity problem in her hands. Diagnoses included carpal tunnel syndrome bilaterally status post decompression on the right, pantrapezial arthritis on the right status post excision, pantrapezial arthritis on the left documented by MRI, stenosing tenosynovitis along the A1 pulley of the thumb on the left status post multiple injections and chronic pain syndrome with weight loss. A urine screen showed the presence of Tramadol. She had received a prescription for Tramadol and Promethazine from another provider. She was instructed not to use those in combination with what she was being given. Authorization was requested for Naproxen,

Trazodone, Wellbutrin, Norflex, Topamax, Protonix, carpal tunnel surgery and A1 pulley release of the thumb on the left and blood testing for liver and kidney function. The injured worker had limitations of repetitive motion of the wrist, gripping, grasping, torqueing, pushing, pulling and lifting. Currently under review is the request for Naproxen 550 mg #60, Norflex ER 100 mg #60 and Protonix 20 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The 61 year old patient complains of pain in bilateral wrists radiating to the elbows along with deteriorating upper extremity numbness and tingling, as per progress report dated 08/18/15. The request is for Naproxen 550mg #60. The RFA for the case is dated 08/18/15, and the patient's date of injury is 05/16/02. Diagnoses, as per progress report dated 08/18/15, included bilateral carpal tunnel syndrome, status post decompression on the right; pantrapezial arthritis on the right, status post excision; pantrapezial arthritis on the left; stenosing tenosynovitis along the A1 pulley of the left thumb; and chronic pain syndrome with weight loss. Prescribed medications included Naproxen, Norflex, Trazodone, Wellbutrin, Topamax and Protonix. Medications, as per progress report dated 08/17/15, included Tramadol, Promethazine, Effexor, Cymbalta, Norvasc, Naprosyn, Lasix and Synthroid. Diagnoses, as per this report, included ankle pain, ankle internal derangement, left L5 and S1 radiculopathy with lower extremity weakness, lumbar disc protrusion, lumbar stenosis, lower back pain, chronic left knee pain, chronic left hip pain, left shoulder pain, left neck pain, disc bulges from C3 to T1, right neural foraminal stenosis at C4-5, and bilateral neural foraminal stenosis at C5-6. The patient is status post two right wrist surgeries, status post two left knee surgeries, status post two right shoulder surgeries, status post left knee surgery, and status post left ankle surgery. The patient is not working, as per the same report. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 22 Anti-inflammatory medications section states: "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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS pg60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription for Naproxen is first noted in progress report dated 08/18/14. It is not clear when the NSAID was initiated. The treater does not discuss the impact of the medication on pain and function, as required by MTUS page 60. There is no indication that Naproxen reduces pain and helps the patient perform activities of daily living with greater ease. Given the lack of documentation regarding efficacy, the request IS NOT medically necessary.

Norflex ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The 61 year old patient complains of pain in bilateral wrists radiating to the elbows along with deteriorating upper extremity numbness and tingling, as per progress report dated 08/18/15. The request is for Norflex ER 100mg #60. The RFA for the case is dated 08/18/15, and the patient's date of injury is 05/16/02. Diagnoses, as per progress report dated 08/18/15, included bilateral carpal tunnel syndrome, status post decompression on the right; pantrapezial arthritis on the right, status post excision; pantrapezial arthritis on the left; stenosing tenosynovitis along the A1 pulley of the left thumb; and chronic pain syndrome with weight loss. Prescribed medications included Naproxen, Norflex, Trazodone, Wellbutrin, Topamax and Protonix. Medications, as per progress report dated 08/17/15, included Tramadol, Promethazine, Effexor, Cymbalta, Norvasc, Naprosyn, Lasix and Synthroid. Diagnoses, as per this report, included ankle pain, ankle internal derangement, left L5 and S1 radiculopathy with lower extremity weakness, lumbar disc protrusion, lumbar stenosis, lower back pain, chronic left knee pain, chronic left hip pain, left shoulder pain, left neck pain, disc bulges from C3 to T1, right neural foraminal stenosis at C4-5, and bilateral neural foraminal stenosis at C5-6. The patient is status post two right wrist surgeries, status post two left knee surgeries, status post two right shoulder surgeries, status post left knee surgery, and status post left ankle surgery. The patient is not working, as per the same report. For muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." A short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. ODG-TWC, Pain (Chronic) Chapter under Muscle relaxants (for pain) states: Antispasmodics: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." In this case, a prescription for Norflex is first noted in progress report dated 06/23/15. Progress reports also document the use of Flexeril. It is not clear when muscle relaxants were initiated. Nonetheless, the treater does not document the impact of Norflex on the patient's pain and function. Additionally, Norflex is a sedating muscle relaxant and only short-term use is recommended by MTUS. Guidelines state these muscle relaxants are "abused for euphoria and to have mood elevating effects." Hence, the request for # 60 IS NOT medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The 61 year old patient complains of pain in bilateral wrists radiating to the elbows along with deteriorating upper extremity numbness and tingling, as per progress report dated 08/18/15. The request is for Protonix 20mg #60. The RFA for the case is dated 08/18/15, and the patient's date of injury is 05/16/02. Diagnoses, as per progress report dated 08/18/15, included bilateral carpal tunnel syndrome, status post decompression on the right; pantrapezial arthritis on the right, status post excision; pantrapezial arthritis on the left; stenosing tenosynovitis along the A1 pulley of the left thumb; and chronic pain syndrome with weight loss. Prescribed medications included Naproxen, Norflex, Trazodone, Wellbutrin, Topamax and Protonix. Medications, as per progress report dated 08/17/15, included Tramadol, Promethazine, Effexor, Cymbalta, Norvasc, Naprosyn, Lasix and Synthroid. Diagnoses, as per this report, included ankle pain, ankle internal derangement, left L5 and S1 radiculopathy with lower extremity weakness, lumbar disc protrusion, lumbar stenosis, lower back pain, chronic left knee pain, chronic left hip pain, left shoulder pain, left neck pain, disc bulges from C3 to T1, right neural foraminal stenosis at C4-5, and bilateral neural foraminal stenosis at C5-6. The patient is status post two right wrist surgeries, status post two left knee surgeries, status post two right shoulder surgeries, status post left knee surgery, and status post left ankle surgery. The patient is not working, as per the same report. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 69, NSAIDs, GI symptoms & cardiovascular risk Section, allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. www.drugs.com/pro/protonix.htm FDA indications: "Protonix- Pantoprazole, a PPI, Gastroesophageal Reflux Disease Associated with a History of Erosive Esophagitis. Protonix I.V. for Injection is indicated for short-term treatment (7 to 10 days) of adult patients with gastroesophageal reflux disease (GERD) and a history of erosive esophagitis." In this case, a prescription for Protonix along with Naproxen is first noted in progress report dated 08/18/14. As per progress report dated 06/23/15, the patient has GERD. The treater does not provide any other detail regarding the patient's GI risk. There is no indication of concurrent use of anticoagulants, ASA or high dose of NSAIDs. The treater does not document the efficacy of this medication. Furthermore, there is no discussion regarding failure of first-line proton pump inhibitors. Hence, the request IS NOT medically necessary.