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| Case Number: | CM15-0200960 | | |
| Date Assigned: | 10/16/2015 | Date of Injury: | 10/07/2005 |
| Decision Date: | 11/24/2015 | UR Denial Date: | 09/29/2015 |
| Priority: | Standard | Application Received: | 10/13/2015 |

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 54 year old female, who sustained an industrial injury on 10-7-2005. The medical records indicate that the injured worker is undergoing treatment for history of staged carpal tunnel decompression (2006-2007), history of lateral epicondylectomy (2012), history of recurrent bilateral carpal tunnel with cubital tunnel syndrome, status post re-do right carpal and cubital tunnel release (6-17-2015), persistent right lateral epicondylitis, and bilateral trigger thumbs, right greater than left. According to the progress report dated 9-1-2015, the injured worker presented for a follow-up visit. She notes a moderate decrease in the frequency of the tingling and numbness involving the right hand after surgery, but continues to have modest right elbow pain when flexing the elbow. The physical examination reveals mild-to-moderate tenderness directly over the right cubital tunnel with no tenderness over the carpal tunnel. There is however tenderness over the right lateral epicondyle extending to the radial margin of the upper arm. Provocative testing in the right upper arm is negative. The current medications are Voltaren, Protonix (since at least 3-5-2015), and Ultram. Treatments to date include medication management, physical therapy, home exercise program, platelet plasma rich injections, and surgical intervention. Work status is described as temporary total disability. The original utilization review (9-29-2015) had non-certified a request for Naprosyn 550mg #60 and Protonix 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 550mg #60 (dispensed on 9/1/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: This 54 year old female has complained of wrist pain, hand pain and elbow pain since date of injury 10/7/2005. She has been treated with surgery, physical therapy and medications to include NSAIDS for at least 8 weeks duration. The current request is for Naprosyn. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 8 weeks. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Naprosyn is not medically necessary in this patient.

Protonix 20mg #30 (dispensed on 9/1/15): Upheld

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

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

Decision rationale: This 54 year old female has complained of wrist pain, hand pain and elbow pain since date of injury 10/7/2005. She has been treated with surgery, physical therapy and medications. The current request is for Protonix. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Protonix is not medically necessary in this patient.