

Case Number:	CM15-0210886		
Date Assigned:	10/29/2015	Date of Injury:	10/28/2014
Decision Date:	12/15/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	10/27/2015

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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 61-year-old female, with a reported date of injury of 10-28-2014. The diagnoses include mild right carpal tunnel syndrome, mild lateral epicondylitis, and myofascial pain. The progress report dated 04-08-2015 indicates that the injured worker continued to have right wrist and right elbow pain. It was noted that the injured worker took her medications with relief. There was no documentation of the injured worker's pain rating. The physical examination showed right lateral epicondyle, right wrist tenderness, sensation in the right elbow and right wrist, positive Tinel's in the right wrist, and positive skin lesion. The injured worker's work status was noted as full-time work with restrictions. The medical report dated 05-18-2015 indicates that the injured worker stated that her right wrist and arm, especially the right lateral epicondyle hurt more than the left. The physical examination showed some thenar atrophy on the left, positive Tinel's, Phalen's, and compression tests on the right, and some pain with resisted extension of the fingers and wrist that went to the lateral epicondyle and possibly to the radial nerve region distal to the lateral epicondyle. The diagnostic studies to date have included an MRI of the right upper extremity joint pm 03-07-2015 which showed degenerative change at the first carpometacarpal joint and metacarpophalangeal joint, diffuse degeneration of the triangular fibrocartilage complex with probable full-thickness perforation near the radial attachment with distal radio ulnar joint effusion and surrounding synovitis, minimal extensor carpi ulnaris tendinosis, tendinosis, tenosynovitis, and intercarpal effusion with synovitis; and electrodiagnostic studies of the bilateral upper extremities on 03-04-2015 which showed mild carpal tunnel syndrome. Treatments and evaluation to date have included acupuncture, Lidopro,

Naproxen (since at least 03-2015), Omeprazole (since at least 03-2015), Neurontin (since at least 03-2015), Flexeril, and home exercise program. The request for authorization was dated 09-10-2015. The treating physician requested Naproxen 550mg, Omeprazole 20mg, Neurontin 600mg, and surgery of the right wrist. On 10-26-2015, Utilization Review (UR) non-certified the request for surgery of the right wrist; and modified the request for Naproxen 550mg to a one month supply of Naproxen 550mg, Omeprazole 20mg to a one month supply of Omeprazole 20mg, and Neurontin 600mg to a one month supply of Neurontin 600mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery of the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: According to ACOEM Chapter 11, page 270, "Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature; Fail to respond to conservative management, including worksite modifications; Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention." The patient's pain has improved with medical therapy. In addition, the records do not document which procedure will be performed. Hand surgery is a generic term. MTUS and ACOEM support many specific hand surgery procedures but not hand surgery in general. The request is not medically necessary.

Omeprazole 20mg 1 tab by mouth daily: 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 (non-steroidal anti-inflammatory drugs).

Decision rationale: MTUS (NSAIDs, GI symptoms & cardiovascular risk page 68) regarding the use of proton pump inhibitors (PPI) such as Protonix, for prophylaxis use indicates that the following risk factors should be present, "(1) age over 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 plus low-dose ASA)." Documentation provided does not suggest that the patient has any of the noted risk factors noted above and the PPI is recommended non-certified. The patient does not have a history of anti-coagulation, previous reaction to NSAIDs or peptic ulcer disease. The patient is not older than 65, is not on steroids and is not on multiple or high dose NSAIDs. The guidelines do not support routine use of PPI's for patients taking NSAIDs. The requested NSAIDs are not medically necessary. In addition,

although the patient has a history of gastritis, she does not meet any of the specific guidelines listed in MTUS for a PPI. The request is not medically necessary.

Neurontin 600mg three times a day: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Per MTUS page 16: Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants: Recommended for neuropathic pain (pain due to nerve damage). Per MTUS page 18: Gabapentin (Neurontin, Gabarone TM, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. This patient has neuropathic pain, and MTUS supports gabapentin for the management of chronic pain. Gabapentin is preferred over NSAIDS or opiates. Neurontin is medically necessary.

Naproxen/Naprosyn 550mg 1 tab by mouth two times a day: 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 General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Per ACOEM, Initial Approaches to Treatment, page 47: ACETAMINOPHEN AND NONSTEROIDAL ANTI-INFLAMMATORY DRUGS. The safest effective medication for acute musculoskeletal and eye problems appears to be acetaminophen. Nonsteroidal anti-inflammatory drugs (NSAIDs), including aspirin and ibuprofen, also are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely. The patient has been on NSAIDS since April 2015. ACOEM and MTUS do not support chronic use of NSAIDS. The request is not medically necessary.