

Case Number:	CM15-0212314		
Date Assigned:	11/02/2015	Date of Injury:	11/11/2014
Decision Date:	12/11/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/28/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 32 year old female, who sustained an industrial injury on 11-11-14. The injured worker was diagnosed as having right wrist strain with lunotriquetral ligament disruption; median and ulnar neuritis right upper extremity; right shoulder tendinopathy. Treatment to date has included physical therapy; wrist splint; medications. Currently, the PR-2 notes dated 9-10-15 indicated the injured worker returns to the clinic expressing concerns about progressive numbness and weakness affecting her right hand and upper extremity. She reports experiencing constant numbness in her right 3rd through the 5th digits with a loss of strength and dexterity. She also reports persistent pain with some positional stabbing sensations affecting her right shoulder. On physical examination, the provider documents "Sensation is attenuated in the right 3rd through 5th digits with a moderate degree of new onset ulnar intrinsic weakness present. Increased tenderness is now present on the ulnar margin of the wrist. There is mild tenderness just distal to the ulnar styloid but minimal tenderness over the 6th dorsal compartment. No palpable subluxation of the ECU tendon is evident. There is focal tenderness over the carpal tunnel and Guyon's canal with milder tenderness at the cubital tunnel. There is also some tenderness about the right shoulder directly over the bicipital groove and supraspinatus tendon with tenderness radiating into the right paracervical region. Sensation to light touch is decreased in the middle, ring, and small fingers. Status 2 point discrimination in these digits is present at greater than 10mm. Tinel's sign and Phalen's sign are positive on the right. Spurling's sign is negative and impingement and Hawkin's signs remain positive for the right shoulder." The provider notes given her progressive loss of ulnar intrinsic weakness in the right arm he is requesting electrodiagnostic studies and MR arthrogram of the right shoulder.

He is also requesting a refill of his current medications. A PR-2 note dated 6-2-15 indicated on this date the injured worker was prescribed Voltaren ER 100mg one tablet daily #30 and Protonix 20mg one tablet twice daily for #60 and Ultram ER 150mg one daily. A Request for Authorization is dated 10-28-15. A Utilization Review letter is dated 10-28-15 and non-certification for Protonix 20mg, 1 tablet twice daily, #60 and Ultracet 37.5-325mg #90. A request for authorization has been received for Protonix 20mg, 1 tablet twice daily, #60 and Ultracet 37.5-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg, 1 tablet twice daily, #60: 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: The California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors (PPI) states: Recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or a anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastro duodenal lesions. Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 ug four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI. There is no mention of current gastrointestinal or cardiovascular disease. For these reasons the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore the request is not medically necessary.

Ultracet 37.5/325mg #90: 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): Opioids for chronic pain.

Decision rationale: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documentation of significant subjective improvement in pain such as VAS scores. There is no objective measure of improvement in function or activities due to medication. Work status is not mentioned. For these reasons not all the criteria set forth above of ongoing and continued used of opioids have been met. Therefore the request is not medically necessary.