MAXIMUS Federal Services

Case Number:	CM15-0214390		
Date Assigned:	11/04/2015	Date of Injury:	03/18/2014
Decision Date:	12/18/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/30/2015

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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency Medicine

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 45 year old female sustained an industrial injury on 3-18-14. Documentation indicated that the injured worker was receiving treatment for thoracic outlet syndrome, bilateral carpal tunnel syndrome and bilateral cubital tunnel syndrome. Previous treatment included bilateral carpal tunnel release, bilateral cubital tunnel release, physical therapy and medications. In a visit note dated 9-11-15, the injured worker complained of ongoing bilateral upper extremity pain associated with numbness, tingling in the right hand, left fingers, left arm weakness, and "heaviness". The injured worker reported that she required help with dressing and dropped things frequently. The injured worker reported that recent increase in Topamax dosage resulted in gastrointestinal upset with vomiting. The injured worker stated that Tramadol was not adequately controlling her pain. The injured worker continued to take Protonix for gastrointestinal upset. Physical exam was remarkable for tenderness to palpation at bilateral medial epicondyles with decreased right grip strength. The treatment plan included a psychology consultation, discontinuing Tramadol, switching to Butrans and continuing Relafen and Protonix. On 9-30-15, Utilization Review modified a request for Butrans 0.1mg #30 to Butrans 0.1mg #10 and non-certified a request for Pantoprazole 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg twice a day qty: 60.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPI.

Decision rationale: Guidelines allow for use of a proton pump inhibitor on a prophylactic basis if the patient has risk factors for GI events such as peptic ulcer, GI bleeding or perforation. PPI may also be used for treatment of dyspepsia secondary to NSAID use. In this case, it is unclear if there has been a trial with an H2 blocker which would have a safer side effect profile. The request for pantoprazole 20 mg #60 is not medically appropriate or necessary.

Buprenorphine (Butrans) 0.1mg 1/2-1 twice a day qty: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Buprenophine (Butrans).

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

Decision rationale: Guidelines recommend buprenorphine for treatment of opiate addiction as an option for chronic pain. In this case, there is no history of opioid addiction or detoxification. There is no documentation of failure of first line analgesia trials. The request for Buprenorphine 0.1 mg #30 is not medically necessary or appropriate.