

<b>Case Number:</b>	CM15-0216992		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	07/26/2011
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56 year old male, who sustained an industrial injury on 7-26-11. Current diagnoses or physician impression includes left wrist strain with tendinitis and traumatic carpal tunnel syndrome (history of), post left carpal tunnel release, foot sprain-strain (stable), ankle sprain (stable), ankle-foot pain (stable) and chronic pain syndrome (stable). His work status is modified duty; permanent and stationary. Notes dated 6-2-15, 8-20-15 and 9-14-15 reveals the injured worker presented with complaints of left wrist pain and constant low back pain that radiates to his left leg described as achy and numb and rated at 3 out of 10. The low back pain is increased with walking and lifting and decreased with medication and TENS unit. He reports constant left ankle pain and left foot and heel pain. Physical examinations dated 6-2-15, 8-20-15 and 9-14-15 revealed mild residual tenderness over the left volar wrist. Sensory function has "largely normalized in the median innervated digits" and "full active range of motion is preserved in the digits and wrist". There is "very mild tenderness with crepitation noted over the left ring finger flexor sheath without triggering". There is tenderness noted in the left ankle, midline spine and left sacroiliac joint and mild tenderness at the left sciatic notch. There are mild muscle spasms noted at the left sacroiliac joint and paralumbar region. Treatment to date has included left carpal tunnel surgery, medications. Naproxen, Protonix (2-2015), Ultracet (8-2015) previous medications. Voltaren ER and Ultram allow the injured worker to engage in work and home activities and provide 4 hours of relief per note dated 9-14-15; home exercise program, TENS unit provides relief, left hand steroid injections, physical therapy note dated 8-26-15 states the injured worker would benefit from occupational therapy to his left wrist-hand to address

decreased sensation, range of motion and strength. Diagnostic studies include left hand and wrist x-rays. A request for authorization dated 9-14-15 for Protonix 20 mg #120- 1 twice a day, Ultracet 37.5-325 mg #120-1 four times a day and Naproxen 550 mg #120-1 twice a day (all retrospective requests) is non-certified, per Utilization Review letter dated 10-5-15.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective request for Protonix 20 mg 1 tab twice a day #120: 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), NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The claimant sustained a work injury in July 2011 with injuries to the low back, left foot and ankle, and left wrist. He underwent a left carpal tunnel release in January 2015 and has a history of a lumbar laminectomy at L4/5. Both the primary treating provider and secondary treating provider are prescribing medications. He was seen by the primary treating provider on 09/14/15. He was having low back pain radiating to the left leg. Medications were decreasing pain to a level of 2/10 and lasting for four hours. Physical examination findings included decreased and painful lumbar spine range of motion with tenderness. Tramadol and trazodone were prescribed. Over the counter Advil was recommended. The secondary treating provider saw him on the same date. He was continuing to do well after his left carpal tunnel surgery. There were no medications reported by the claimant. VAS pain scores were not recorded. Physical examination findings included mild left fourth finger tenderness with crepitus without triggering. There was very mild residual left wrist tenderness. Naproxen, Protonix, and Ultracet were prescribed. Guidelines recommend consideration of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant is being prescribed naproxen and has been advised to take Advil. Naproxen is not being recommended for certification. Protonix (pantoprazole) is not an ODG formulary first-line medication and is not referenced in the MTUS guidelines. There is no evidence of a trial and failure of a recommended proton pump inhibitor medication. The request for continued prescribing is not considered medically necessary.

#### **Retrospective request for Ultracet 37.5/325 mg 1 tab 4 times a day #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The claimant sustained a work injury in July 2011 with injuries to the low back, left foot and ankle, and left wrist. He underwent a left carpal tunnel release in January 2015 and has a history of a lumbar laminectomy at L4/5. Both the primary treating provider and secondary treating provider are prescribing medications. He was seen by the primary treating provider on 09/14/15. He was having low back pain radiating to the left leg. Medications were decreasing pain to a level of 2/10 and lasting for four hours. Physical examination findings included decreased and painful lumbar spine range of motion with tenderness. Tramadol and trazodone were prescribed. Over the counter Advil was recommended. The secondary treating provider saw him on the same date. He was continuing to do well after his left carpal tunnel surgery. There were no medications reported by the claimant. VAS pain scores were not recorded. Physical examination findings included mild left fourth finger tenderness with crepitus without triggering. There was very mild residual left wrist tenderness. Naproxen, Protonix, and Ultracet were prescribed. Criteria for the use of opioid medication includes prescriptions from a single practitioner with all prescriptions from a single pharmacy. In this case, two providers are prescribing opioid medications. The claimant was seen on the same day by both providers and received opioid prescriptions. The California Controlled Substance Utilization Review and Evaluation System (CURES) were established to automate the collection and analysis of all Schedule II controlled substance prescriptions issued in California. A physician may request a search for a Schedule II prescription history for a specific patient. In this case, neither provider appears aware of the duplicate prescribing of opioids. Ongoing prescribing of Ultracet cannot be accepted as being medically necessary.

**Retrospective request for Naproxen Sodium 550 mg 1 tab twice a day #120:** 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), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The claimant sustained a work injury in July 2011 with injuries to the low back, left foot and ankle, and left wrist. He underwent a left carpal tunnel release in January 2015 and has a history of a lumbar laminectomy at L4/5. Both the primary treating provider and secondary treating provider are prescribing medications. He was seen by the primary treating provider on 09/14/15. He was having low back pain radiating to the left leg. Medications were decreasing pain to a level of 2/10 and lasting for four hours. Physical examination findings included decreased and painful lumbar spine range of motion with tenderness. Tramadol and trazodone were prescribed. Over the counter Advil was recommended. He was seen on the same date by the secondary treating provider. He was continuing to do well after his left carpal tunnel surgery. There were no medications reported by the claimant. VAS pain scores were not recorded. Physical examination findings included mild left fourth finger tenderness with crepitus without triggering. There was very mild residual left wrist tenderness. Naproxen, Protonix, and Ultracet were prescribed. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In

this case, the claimant is also being advised to take Advil. Taking two oral NSAID medications is duplicative and not medically necessary.