

Case Number:	CM15-0052334		
Date Assigned:	03/25/2015	Date of Injury:	12/30/2013
Decision Date:	05/04/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/19/2015

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: Texas, California

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 53-year-old female who sustained an industrial injury on 12/30/2013. Current diagnoses include carpal tunnel syndrome bilaterally, ulnar neuritis, and chronic pain and inactivity. Previous treatments included medication management, wrist splints, injections, physical therapy, and home exercises. Diagnostic studies included x-rays, and EMG/NCS. Initial complaints included the tips of fingers in both hands went numb. Report dated 02/16/2015 noted that the injured worker presented with complaints that included numbness, tingling, pain, and weakness in the upper extremities. Physical examination was positive for abnormal findings. The treatment plan included request for authorization for carpal tunnel surgery and associated surgical services. The medication list includes Zofran, Topamax, Neurontin and Ibuprofen. The patient sustained the injury due to repetitive computer work. Per the doctor's note, dated 1/9/15 patient had complaints of numbness tingling and dropping things. Physical examination revealed positive Tinel's and Phalen's test, tenderness on palpation, limited range of motion. Per the doctor's note, dated 3/18/15 patient had complaints of numbness, tingling and weakness in hands. Physical examination of the bilateral hands revealed positive Tinel's and Phalen's test, tenderness on palpation, strength weakness. The patient has had X-ray of the cervical spine that revealed degenerative changes and positive EMG/NCV study. The patient had received wrist injection bilaterally. The patient had used bilateral wrist splint and TENS unit for this injury. Patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Request: Protonix 20mg #60. Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records if the patient has GI symptoms with the use of NSAIDs. Any current use of NSAIDs is not specified in the records provided. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for Protonix 20mg #60 is not medically necessary in this patient.

Tramadol ER 150mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), Page 75 Central acting analgesics: Page 82 Opioids for neuropathic pain.

Decision rationale: Tramadol ER 150mg #30. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. Current diagnoses include carpal tunnel syndrome bilaterally, ulnar neuritis, and chronic pain and inactivity. Report dated 02/16/2015 noted that the injured worker presented with complaints that included numbness, tingling, pain, and weakness in the upper extremities. The patient sustained the injury due to repetitive computer work. Per the doctor's note dated 1/9/15 patient had

complaints of numbness tingling and dropping things. Physical examination revealed positive Tinel's and Phalen's test, tenderness on palpation, limited range of motion. Per the doctor's note dated 3/18/15 patient had complaints of numbness, tingling and weakness in hands. Physical examination of the bilateral hands revealed positive Tinel's and Phalen's test, tenderness on palpation, strength weakness. The patient has had X-ray of the cervical spine that revealed degenerative changes and had positive EMG/NCV study. Patient is already taking a NSAID. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Tramadol ER 150mg #30 is deemed as medically appropriate and necessary.

Neurontin 600mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: Neurontin 600mg #90. According to the CA MTUS Chronic pain guidelines regarding Neurontin/gabapentin, "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". Spinal cord injury: Recommended as a trial for chronic neuropathic pain. Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit. This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid. Current diagnoses include carpal tunnel syndrome bilaterally, ulnar neuritis, and chronic pain and inactivity. Report dated 02/16/2015 noted that the injured worker presented with complaints that included numbness, tingling, pain, and weakness in the upper extremities. The patient sustained the injury due to repetitive computer work. Per the doctor's note dated 1/9/15 patient had complaints of numbness tingling and dropping things. Physical examination revealed positive Tinel's and Phalen's test, tenderness on palpation, limited range of motion. Per the doctor's note dated 3/18/15 patient had complaints of numbness, tingling and weakness in hands. Physical examination of the bilateral hands revealed positive Tinel's and Phalen's test, tenderness on palpation, strength weakness. The patient has had X-ray of the cervical spine that revealed degenerative changes and had positive EMG/NCV study. The patient has chronic pain with a neuropathic component. The patient has abnormal objective findings that are consistent with the patient symptoms. Anticonvulsants or antiepileptics like gabapentin/Neurontin are medically appropriate and necessary in this patient. The cited guidelines support the use of Neurontin 600mg #90 in patients with this clinical situation therefore the request is deemed medically necessary.