

Case Number:	CM15-0056931		
Date Assigned:	04/01/2015	Date of Injury:	05/15/2012
Decision Date:	05/08/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/25/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, 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 50-year-old female, who sustained an industrial injury on 05/15/2012 reporting right thumb pain due to repetitive typing and keyboarding. On provider visit, dated 01/30/2015 the injured worker's incision was noted to be finally healed from surgery in 10/2014, noted it took almost three months to heal. The hand pain was associated with numbness and tingling sensations. On examination of the hand, it was noted to be sensitive to touch and having full range of motion and swelling along the first extensor. The diagnoses have included tenosynovitis along the first extensor compartment on the right status post release and neuritis along the sensory branch of the radial nerve. Treatment to date has included medication and surgical intervention. The provider requested medication Norco and Protonix for symptom management. There is a history of NSAIDs induced gastritis. The medications listed are Zloft, Trazodone, Motrin, Norco and Protonix. There was a history of failed treatment with low dose gabapentin and Lyrica. The UDS report dated 3/9/2015 did not show the presence of prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of severe musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, sedation, dependency, addiction and adverse interaction with other sedatives. The records indicate subjective and objective findings consistent with neuropathic pain. The guidelines recommend that anticonvulsant and antidepressant medications be utilized as first line medications because of decrease efficacy of opioids in the treatment of neuropathic pain. The records show a history of failed treatment with Lyrica and gabapentin but sub-optimum dosage regimen was utilized. The UDS report was not consistent with prescribed medications. The criteria for the use of Norco 10/325mg #120 is not medically necessary.

Protonix 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal complications in the elderly and in patients with a history of gastritis. The records indicate that the patient had a history of NSAIDs induced gastritis secondary to chronic utilization of Motrin. The use of Protonix was noted to be effective in symptomatic control of the gastritis. The criteria for the use of Protonix 20mg #60 is medically necessary.