

Case Number:	CM15-0062101		
Date Assigned:	04/08/2015	Date of Injury:	01/24/2014
Decision Date:	09/03/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/01/2015

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: Arizona, 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 43 year old male, who sustained an industrial injury on 1-24-14. The diagnoses have included bilateral carpal tunnel syndrome and left foot plantar fasciitis. Treatment to date has included medications, activity modifications, diagnostics, acupuncture, physical therapy and other modalities. Currently, as per the physician progress note dated 2-23-15, the injured worker complains of bilateral wrist pain with weakness and dropping things and left foot and heel pain especially with walking. The pain is rated 5-6 out of 10 on the pain scale. There has been no change in functional status since the previous visit. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of thy bilateral wrists and electromyography (EMG)-nerve conduction velocity studies (NCV) of the bilateral upper extremities. The current medications included Naproxen, Cyclobenzaprine cream and Pantoprazole which are helpful and beneficial. There is no previous urine drug screen reports noted. He reports abdominal pain, weight loss, stress, depression, sleep disturbance and anxiety. The physical exam reveals mild distress, difficulty with rising from sitting, antalgic gait, stiffness, and he ambulates without the use of a device. The physician requested treatments included Naproxen 550mg #60 x 1 refill, Protonix 40mg #30 x 1 refill and Cyclo-Tramadol cream x 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant had developed reflux and required a PPI. Continued use of Naproxen is not medically necessary.

Protonix 40mg #30 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and PPI Page(s): 68.

Decision rationale: According to the MTUS guidelines, Protonix is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case the claimant was on Protonix due to GI reflux from Naproxen use. Since the Naproxen is not medically necessary, the continued use of Protonix is not medically necessary.

Cyclo-Tramadol cream x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine not recommended due to lack of evidence. The claimant had also been on other topical and oral medications. Use of multiple topical analgesics is not supported. Since the compound above contains these topical medications, the compound in question is not medically necessary.