

Case Number:	CM15-0086213		
Date Assigned:	05/08/2015	Date of Injury:	03/20/2007
Decision Date:	06/09/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/05/2015

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, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 32 year old female who sustained an industrial injury on 03/20/2007. The injured worker was diagnosed with chronic pain, severe reactive depression, and chronic opiate and tobacco use. The injured worker is status post bilateral carpal tunnel release, bilateral ulnar transposition, bilateral extensor tendon repair, right wrist scar revision, left hand trigger finger release and left hand flexor contracture release. Treatment to date includes diagnostic testing, surgery, multiple injections to the wrist/hand and fingers, physical therapy, home exercise program, psychiatric evaluation, Cognitive Behavioral Therapy (CBT), acupuncture therapy and medications. According to the primary treating physician's progress report on April 13, 2015, the injured worker continues to experience bilateral upper extremity pain. Examination demonstrated decreased sensation in the left 5th finger and 4/5 strength in the left digital interossei. Current medications are listed as Gabapentin, OxyContin, Oxycodone, Lunesta, Ibuprofen and Pantoprazole. Treatment plan consists of authorized follow-up with psychiatrist, continue current medication regimen, home exercise program, weight loss, approved further acupuncture therapy and the current request for Ibuprofen and Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26 Page(s): 67 of 127.

Decision rationale: This claimant was injured now 8 full years ago. There is chronic pain. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. It is appropriately not medically necessary.

Pantoprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 68 of 127.

Decision rationale: This claimant was injured now 8 full years ago. There is chronic pain. The NSAID was non certified in an accompanying review. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. Moreover, the NSAID was non-certified in an accompanying review, so there would be no need for the proton pump inhibitor protection. The request is appropriately not medically necessary based on MTUS guideline review.