

Case Number:	CM15-0087197		
Date Assigned:	05/11/2015	Date of Injury:	07/25/2006
Decision Date:	06/10/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/06/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 54-year-old male with an industrial injury dated 7/25/2006. The injured worker's diagnoses include history of bilateral avascular necrosis of the carpal lunate bones (Kienbock's syndrome) resulting in posttraumatic arthrosis in both wrists, status post multiple surgical procedures culminating in bilateral partial wrist fusions and persistent left superficial radial neuritis with bilateral distal radioulnar joint instability/arthropathy. Treatment consisted of X-ray of the right wrist dated 4/2/2015, prescribed medications, multiple surgeries of bilateral wrist and periodic follow up visits. In a progress note dated 4/30/2015, the injured worker reported increased frequency of the clicking and popping involving the right wrist with associated wrist pain. Objective findings revealed substantial crepitation with minimal active or passive motion of the right wrist and clicking and popping involving the dorsal ulnar and ulnar margin of the wrist. X-ray of the right wrist revealed the prior surgical radiocarpal fusion and moderate traumatic arthropathy changes involving the distal radioulnar joint. The treatment plan consisted of medication management and follow up. The treating physician prescribed Voltaren 100mg #30 with 5 refills, Protonix 20mg #60 with 5 refills, and Ultram ER (Tramadol) with 5 refills now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 100mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren 100 mg #30 with 5 refills is not medically necessary.

Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. Diclofenac is not recommended as a first-line drug due to its increased risk profile. In this case, the injured worker's working diagnoses are history bilateral avascular necrosis of the carpal lunate bones (Kienboks syndrome) resulting in posttraumatic arthrosis both wrists; status post multiple surgical procedures culminating in bilateral wrist partial fusions with maximal medical improvement June 2010; and persistent left superficial radial neuritis with bilateral distal radioulnar joint instability/arthropathy. The medical record contains 79 pages. There is a progress note dated April 2, 2015 and an appeal letter dated May 4, 2015 to the denial of the request for authorization dated April 23, 2015. Date of injury is July 25, 2006. The injured worker subjectively, according to the April 2, 2015 progress note, complains of bilateral significant wrist pain. There is no history of gastrointestinal symptoms documented in the medical record. The injured worker denies dyspepsia, heartburn and peptic ulcer disease. Objectively, there is no documentation demonstrating objective optional improvement. The guidelines do not recommend Voltaren as a first-line drug due to its increased risk profile. There are no progress notes from prior treatment documenting first-line nonsteroidal anti-inflammatory drugs (Naprosyn, ibuprofen). Additionally, there was no documentation demonstrating objective functional improvement with ongoing chronic nonsteroidal anti-inflammatory drug use. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The treating provider requested five refills. This is in excess of the recommended guidelines in terms of the lowest dose for the shortest period of time for nonsteroidal anti-inflammatory drugs. Consequently, absent clinical documentation with evidence of objective functional improvement to support ongoing nonsteroidal anti-inflammatory drug use, failed first-line treatment with first-line nonsteroidal anti-inflammatory drugs and compelling clinical facts indicating the risk profile outweighs the benefit with Voltaren, Voltaren 100 mg #30 with 5 refills is not medically necessary.

Protonix 20mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Protonix 20mg #60 with 5 refills is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are history bilateral avascular necrosis of the carpal lunate bones (Kienboks syndrome) resulting in posttraumatic arthrosis both wrists; status post multiple surgical procedures culminating in bilateral wrist partial fusions with maximal medical improvement June 2010; and persistent left superficial radial neuritis with bilateral distal radioulnar joint instability/arthropathy. The medical record contains 79 pages. There is a progress note dated April 2, 2015 and an appeal letter dated May 4, 2015 to the denial of the request for authorization dated April 23, 2015. Date of injury is July 25, 2006. The injured worker subjectively, according to the April 2, 2015 progress note, complains of bilateral significant wrist pain. There is no history of gastrointestinal symptoms documented in the medical record. The injured worker denies dyspepsia, heartburn and peptic ulcer disease. Objectively, there is no documentation demonstrating objective optional improvement. The guidelines do not recommend Voltaren as a first-line drug due to its increased risk profile. There are no progress notes from prior treatment documenting first-line nonsteroidal anti-inflammatory drugs (Naprosyn, ibuprofen). Additionally, there was no documentation demonstrating objective functional improvement with ongoing chronic nonsteroidal anti-inflammatory drug use. The nonsteroidal anti-inflammatory drug Voltaren is not medically necessary. The clinical documentation did not contain evidence of objective functional improvement to support ongoing nonsteroidal anti-inflammatory drug use. There was no failed first-line treatment with first-line nonsteroidal anti-inflammatory drugs. There were no compelling clinical facts indicating the risk profile outweighs the benefit with Voltaren. There were no comorbid conditions or past medical history putting the injured worker at risk for gastrointestinal events (i.e. peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs). Based on the clinical facts in the medical record and peer-reviewed evidence-based guidelines, Protonix 20mg #60 with 5 refills is not medically necessary.

Ultram ER (Tramadol) with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol (Ultram) Page(s): 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram ER 150mg #60 with 5 refills is not medically necessary. Ongoing,

chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are history bilateral avascular necrosis of the carpal lunate bones (Kienboks syndrome) resulting in posttraumatic arthrosis both wrists; status post multiple surgical procedures culminating in bilateral wrist partial fusions with maximal medical improvement June 2010; and persistent left superficial radial neuritis with bilateral distal radioulnar joint instability/arthropathy. The medical record contains 79 pages. There is a progress note dated April 2, 2015 and an appeal letter dated May 4, 2015 to the denial of the request for authorization dated April 23, 2015. Date of injury is July 25, 2006. The injured worker subjectively, according to the April 2, 2015 progress note, complains of bilateral significant wrist pain. There is no history of gastrointestinal symptoms documented in the medical record. The injured worker denies dyspepsia, heartburn and peptic ulcer disease. Objectively, there is no documentation demonstrating objective optional improvement. There is no start date for the Ultram ER. There is no documentation evidencing objective functional improvement in the medical record. There is a single progress note (as noted above). There is no risk assessment in the medical record. There are no detailed pain assessments in the medical record. There is no evidence of objective functional improvement to support ongoing Ultram ER. The injured worker is requesting five refills (a six-month supply) which is well in excess of the recommended guidelines. There has been no attempt at weaning Ultram ER. Consequently, absent compelling clinical documentation with evidence of objective functional improvement to support ongoing Ultram ER, risk assessments, detailed pain assessments, an attempt to wean Ultram ER, Ultram ER 150mg #60 with 5 refills is not medically necessary.