

Case Number:	CM14-0117104		
Date Assigned:	08/04/2014	Date of Injury:	08/01/2012
Decision Date:	09/30/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 41-year-old male with a date of injury of 08/01/2012. The listed diagnoses per [REDACTED] are carpal tunnel syndrome, unspecified derangement, shoulder region, displacement cervical intervertebral disk without myelopathy and lateral epicondylitis of elbow. According to progress report 05/05/2014, the patient also has diagnosis of hypertension, gastritis, insomnia, and headaches. There is no physical examination on this report. Report 03/10/2014 by [REDACTED] indicates the patient has no new complaints. Blood pressure and GI were checked. Objective findings noted blood pressure 125/73 and weight 173. The patient is alert and oriented x3. Report 02/04/2014 by [REDACTED] states the patient underwent a right shoulder and right elbow surgery with [REDACTED] and has progressed adequately. This is a request for refill of naproxen 550 mg #120, Norco 10/325 #120, and Protonix 20 mg #120. Utilization Review denied the request on 07/11/2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60 61.

Decision rationale: This patient presents with right shoulder, elbow, arm, and hand pain with numbness and tingling. The provider is requesting a refill of Naproxen 550 mg #120. For anti-inflammatory medication, the MTUS Guidelines page 22 states, "Antiinflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." Review of the medical file indicates the patient has been prescribed naproxen since at least 03/07/2014. The medical file provided for review does not provide a discussion regarding this medication's efficacy. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Therefore the request is not medically necessary.

Norco 10/325 #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with right shoulder, elbow, arm, and hand pain with numbness and tingling. The request is for Norco 10/325 mg #120. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, review of the medical file does not include discussion of pain assessment, functional improvement, quality of life change, or increase in ADLs with taking Norco. Given the lack of sufficient documentation warranting long term opiate use, the request is not medically necessary.

Protonix 20 #120: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with right shoulder, elbow, arm, and hand pain with numbness and tingling. The provider is requesting refill of Protonix 20 mg #120. The MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4)

High dose/multiple NSAID. In this case, review of the medical file indicates the patient has been taking antiinflammatories on a long-term basis and has a diagnosis of gastritis. Protonix 20 mg #120 is reasonable. Therefore the request is medically necessary.