

Case Number:	CM14-0129349		
Date Assigned:	08/18/2014	Date of Injury:	09/19/2013
Decision Date:	11/14/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/13/2014

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 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 30 year old male who was injured on 09/19/2013 when he injured his right thumb on a plate while laying carpet. Prior treatment history has included right thumb flexor pollicislongus tendon repair on 09/30/2013. Diagnostics were reviewed. Office note dated 07/21/2014 documented the patient to have complaints of persistent thumb pain and he is unable to fully extend his thumb. All conservative measures have failed in treating his condition including thumb Splica splint, braces, and a transcutaneous electrical nerve stimulation (TENS) unit. He did report improvement with his medications. On exam, tenderness to palpation at the base of the thumb is noted. He is diagnosed with right thumb interphalangeal laceration, ulnar and carpal tunnel syndrome on the right, ulnar neuritis on the right with positive Tinel, and wrist joint inflammation. The patient was recommended to continue with medications including Tramadol ER, Gabapentin and Protonix. Prior utilization review dated 08/01/2014 states the request for Tramadol ER 150mg #30 is modified to certify Tramadol ER 150 mg #23; Gabapentin 600mg #90 is modified to certify Gabapentin 600 mg #21; and Protonix 20mg #60 is denied as there is a lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-96.

Decision rationale: According to the CA MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The guidelines state opioids may be continued: (a) if the patient has returned to work and (b) if the patient has improved functioning and pain. In this case, the clinical information is limited and there no documentation any significant improvement in pain level (i.e. visual analog scale (VAS)) and function with prior use. There is no evidence of urine drug test in order to monitor compliance. Therefore, the medical necessity of Ultram ER has not been established.

Gabapentin 600mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Page(s): 16-20.

Decision rationale: Gabapentin (Neurontin) is an anti-epilepsy drug and has been shown to be effective fortreatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this case, the IW is noted to have carpal tunnel syndrome and ulnar neuritis. However, there is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with continuous use of this medication to demonstrate its efficacy. Thus, the request is considered not medically necessary in accordance to guidelines and due to lack of documentation.

Protonix 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: According to the CA MTUS, Pantoprazole (Protonix), a proton pump inhibitor (PPI), is recommended for Patients at intermediate risk for gastrointestinal events. The CA MTUS guidelines state PPI medications may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; (3) concurrent use of Acetylsalicylic Acid (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple

non-steroidal anti-inflammatory drug (NSAID) (e.g., NSAID + low-dose ASA). Treatment of dyspepsia secondary to NSAID therapy recommendation is to stop the NSAID, switch to a different NSAID, or consider H₂-receptor antagonists or a PPI. The guidelines recommend GI protection for patients with specific risk factors; however, the medical records do not establish the patient is at significant risk for GI events or has dyspepsia unresponsive to first line therapy. Furthermore, long-term use of PPI (> 1 year) has been associated with hip fracture. Therefore, the request for Protonix is not medically necessary in accordance with the cited guidelines.