

Case Number:	CM14-0129810		
Date Assigned:	09/26/2014	Date of Injury:	12/05/2005
Decision Date:	10/28/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/14/2014

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 & 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 injured worker is a 62-year-old female who reported an injury on 12/05/2005. The mechanism of injury was not provided. The injured worker's diagnoses included reflex sympathetic dystrophy, fracture of the upper ulna, fracture of the upper end radius with ulna, major depression, and pain psychogenic. The injured worker's past treatments included medications and surgery. On the clinical note dated 07/10/2014, the injured worker complained of bilateral upper extremity pain. The injured worker denies side effects of medications. The injured worker had tenderness over the right elbow, mild swelling, and a well healed surgical incision scar located on the medial aspect of the forearm. The injured worker's medications included Paxil 20 mg take 3 daily, Lidoderm 5% patch apply every 12 hours, Senokot 8.6 mg take 2 tablets daily, morphine sulfate extended release 15 mg take 1 every 12 hours. The request was for morphine sulfate extended release 15 mg #60, paroxetine (Paxil) 20 mg #90 x 3 refills, pantoprazole (Protonix) 20 mg #60 quantity 60 retro date of service 07/10/2014. The rationale for the request was not provided. The Request for Authorization form was submitted on 07/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MORPHINE SULFATE ER 15MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID MANAGEMENT Page(s): 78.

Decision rationale: The injured worker is diagnosed with reflex sympathetic dystrophy, fracture of the upper ulna, fracture of the upper end radius with ulna, major depression, and pain psychogenic. The injured worker complained of bilateral upper extremity pain. The California MTUS Guidelines recommend an ongoing review of medications with the documentation of pain relief, functional status, appropriate medication use, and side effects. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The documentation did not include a recent urine drug screen. The injured worker denies side effects of morphine sulfate. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There is a lack of documentation that indicates the injured worker has decreased functional deficits. Additionally, the request does not indicate the frequency of the medication. As such, the request for morphine sulfate extended release 15 mg #60 is not medically necessary.

PAROXETINE - PAXIL 20MG #90 X3 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-DEPRESSANTS Page(s): 13-16.

Decision rationale: The injured worker is diagnosed with reflex sympathetic dystrophy, fracture of the upper ulna, fracture of the upper end radius with ulna, major depression, and pain psychogenic. The injured worker complained of bilateral upper extremity pain. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain and a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and a psychological assessment. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There is a lack of documentation including changes in use of other analgesic medication, sleep quality and duration, and a psychological assessment. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There is a lack of documentation that indicates the injured worker has decreased functional deficits. Additionally, the request does not indicate the frequency of the medication. As such, the request for paroxetine (Paxil) 20mg #90 x 3 refills is not medically necessary.

PANTOPRAZOLE-PROTONIX 20MG #60 QTY: 60 RETRO DOS: 07/10/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GASTRO INTESTINAL SYMPTOMS Page(s): 68.

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

Decision rationale: The injured worker is diagnosed with reflex sympathetic dystrophy, fracture of the upper ulna, fracture of the upper end radius with ulna, major depression, and pain psychogenic. The injured worker complained of bilateral upper extremity pain. The California MTUS Guidelines recommend the use of proton pump inhibitors the use of NSAIDs if the patient is at high risk for gastrointestinal events. The injured worker's medical records lacked documentation of a history of peptic ulcer, GI bleeding, or perforation. The injured worker does not have any current gastrointestinal issues indicated. Additionally, the request does not indicate the frequency of the medication. As such, the request for pantoprazole (Protonix) 20 mg #60 quantity 60 retro date of service 07/10/2014 is not medically necessary.