

Case Number:	CM14-0099785		
Date Assigned:	07/28/2014	Date of Injury:	01/09/1997
Decision Date:	09/09/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/30/2014

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 59-year-old female with date of injury of 1/9/97. The listed diagnoses per [REDACTED] dated 5/23/14 are impingement syndrome, status post surgical intervention on the right; epicondylitis laterally on the right; wrist sprain on the right; weight gain; and sleep issues. According to this report, the patient complains of arm, shoulder, elbow, and wrist pain. She utilizes hot and cold wraps, a TENS unit, soft and rigid brace for the wrist, and elbow sleeve. Her last injection was in 2013 along the shoulder blade. The patient has spasms and difficulty with gripping, grasping, and torquing. The objective findings show motion is satisfactory. Tenderness along the shoulder is noted with impingement sign being positive. Abduction is no more than 90 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The MTUS Guidelines on benzodiazepines states that it is not recommended for long-term use because long-term efficacy is not proven, and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The records show that the patient was prescribed Ativan on 1/14/14. In this case, the MTUS Guidelines do not support the long-term use of this medication. As such, the request is not medically necessary.

Protonix 20mg #60: Overturned

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

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

Decision rationale: The MTUS Guidelines on NSAIDs, GI symptoms, and cardiovascular risks states that Protonix is recommended with precaution for patients at risk for gastrointestinal events. Risk factors include: (1) ages greater than 65; (2) history of peptic ulcer; (3) GI bleed or perforation; and (4) concurrent use of ASA or corticosteroids and/or anticoagulants; (5) and high dose multiple NSAIDs. The report dated 10/15/13 notes that the patient is taking Protonix to treat stomach upset from taking medications. In this case, the treater documents gastrointestinal events in the use of Protonix are reasonable. As such, the request is medically necessary.

Topamax 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topamax, Antiepilepsy drugs (AEDs Page(s): 16-17, 21.

Decision rationale: The MTUS Guidelines state that Topamax is recommended for neuropathic pain when other anticonvulsants have failed. Furthermore, MTUS page 16 and 17 on anti-epilepsy drugs (AEDs) states that it is recommended for neuropathic pain, but there is a lack of consensus on treatment. Most trials have been directed at postherpetic neuralgia and painful polyneuropathy. The records show that the patient has been prescribed Topamax since 2013. The MTUS Guidelines on chronic pain states that satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician notes on the 1/14/14 report that the patient has been taking Topamax for headaches. None of the reports provided for review document any functional improvement with Topamax use. Furthermore, Topamax is indicated for neuropathic pain which this patient does not present with. As such, the request is not medically necessary.

1 Bypass injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: This patient presents with shoulder, elbow, and wrist pain. The treating physician is requesting one bypass injection. The progress report dated 5/23/14 documents that the treatment recommendation is to bypass injection. In this case, this request is simply a statement made by the treater to bypass injections and continue with the patient's current medication regimen. It does not appear to be a request for any injection. As such, the request is not medically necessary.