

Case Number:	CM14-0158809		
Date Assigned:	10/03/2014	Date of Injury:	09/14/2013
Decision Date:	02/25/2015	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/29/2014

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. 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
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 28-year-old female with date of injury of 09/14/2013. The listed diagnoses from 07/24/2014 are: 1. Right wrist clinical carpal tunnel syndrome. 2. Right wrist cystic mass. 3. Gastritis. According to this report, the patient complains of constant right hand pain which she rates moderate to occasionally severe. She states that the bump on her hand has increased in size. There is worsening radiation to the right forearm with associated numbness and tingling sensation while sleeping. The pain increases at night and decreases with rest during the day. Examination shows tenderness to palpation of the epigastrium. She has decreased grip strength on the right. There is mild to moderate inflammation of the right distal forearm. The patient has decreased capillary refill on the right. She has tenderness to palpation over the cystic mass of the radial carpal joint of the dorsal aspect of the wrist. There is tenderness to palpation over the wrist joint. Range of motion of the digits is full. The documents include 1 treatment report from 07/24/2014. The utilization review denied the request on 09/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60: Overturned

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 NSAIDs, GI Symptoms, and Cardiovascular Page(s): 68-69.

Decision rationale: The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, " Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The records show that the patient has a diagnosis of gastritis. The patient was prescribed pantoprazole on 07/24/2014. In this case, given that the patient does have a history of gastrointestinal issues, the request for pantoprazole is warranted. The request IS medically necessary.

Tramadol 50mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78 and 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The records do not show a history of Tramadol use. In this case, given the patient's symptoms and clinical findings, a trial of tramadol is supported by the MTUS Guidelines. The request IS medically necessary.

Transdermal compounds: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or

drug class) that is not recommended is not recommended." The records show that the patient was prescribed transdermal compound on 07/24/2014. Prior medication history was not made available. The treating physician does not specify which transdermal compound he is prescribing for the patient. The 07/24/2014 notes, "She states that the medicated cream did help decrease her pain." In this case, while the patient reports benefit while utilizing a topical compound, the current request fails to specify which compound cream is being prescribed and there is no way to determine if the compounded formulation is in accordance with the MTUS guidelines. The request IS NOT medically necessary.