MAXIMUS Federal Services

Case Number:	CM14-0216134		
Date Assigned:	01/06/2015	Date of Injury:	04/11/2014
Decision Date:	03/04/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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 & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 51 year old female with a work related injury dated 04/11/2014. Mechanism of injury was not noted in received medical records or in Utilization Review report. According to a primary physician's progress report dated, the injured worker presented with complaints of a painful condition about the bilateral hands. Diagnoses included carpal tunnel syndrome to bilateral hands. Noted treatments have consisted of braces to bilateral hands and medications. Diagnostic testing included electromyography/nerve conduction study to the bilateral upper extremities revealed severe carpal tunnel syndrome to the right hand and mild carpal tunnel syndrome to the left hand. Work status is noted as modified work including no repetitive pushing, pulling, or lifting more than 10 pounds.On 12/08/2014, Utilization Review non-certified the request for Retroactive Protonix 20mg #60 and Retroactive Nalfon 400mg #90 citing California Medical Treatment Utilization Schedule Chronic Pain Guidelines. The Utilization Review physician stated the clinical documentation submitted for review indicated the injured worker had utilized the medication; however, there was a lack of documentation of objective functional benefit and objective decrease in pain regarding the Nalfon. In regards to the Protonix, there was a lack of documentation indicating the efficacy for the requested medication. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-70.

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

Decision rationale: The patient presents with pain in both hands. The request is for RETRO - PROTONIX 20MG #60. Tinel's sign is positive bilaterally. Phalen's sign is positive bilaterally. Sensory exam revealed decreased sensation to the index and middle fingers bilaterally. The patient states the pain is rated at 8/10 on average, but at worst 10/10. The pain has adversely affected the patient's household activities. Patient has been treated with medication and bracing. Patient's current medications include Nalfon and Protonix. Patient is on modified work.MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis.Per progress report dated 11/10/14, treater's reason for the request is "for relief of stomach upset." Although patient is prescribed Nalfon, treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress report does not show evidence of gastric problems, and there is no mention of GI issues. Furthermore, Protonix is indicated for GERD and erosive esophagitis, which have not been discussed, either. Therefore, the request IS NOT medically necessary.

RETROSPECTIVE Nalfon 400mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Medications for chronic pain Page(s): 22,60.

Decision rationale: The patient presents with pain in both hands. The request is for RETRO - NALFON 400MG #90. Tinel's sign is positive bilaterally. Phalen's sign is positive bilaterally. Sensory exam revealed decreased sensation to the index and middle fingers bilaterally. Patient has been treated with medication and bracing, however, she remains symptomatic in both hands. Patient's current medications include Nalfon and Protonix. Patient is on modified work.MTUS Anti-inflammatory medications page 22 states, Anti-inflammatories 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." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain.Per progress report dated 11/10/14, treater's reason for the request is "for inflammation and pain." In this case,

chronic pain is well documented in this patient and MTUS does support the use of NSAID's for chronic pain, neuropathic and osteoarthritis. However, the patient has been prescribed NSAIDs since at least 05/29/14, but treater has not indicated how the patient is doing, what gastric complaints there are, and why he needs to continue. Therefore, given lack of documentation as required by guidelines, the request IS NOT medically necessary.