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| Case Number: | CM14-0216171 | | |
| Date Assigned: | 01/21/2015 | Date of Injury: | 09/06/2005 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 11/26/2014 |
| 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: Oregon
 Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 stated that he travels back and forth, and carrying his luggage and this has increased his pain. The patient recently had electromyogram studies, performed on 7/29/14, which showed left mild ulnar nerve compression at the elbow which affected motor axons without evidence of sensory axon involvement. Upon physical exam, the patient had tenderness along the medial greater than the lateral epicondyle. The patient had positive Tinel's at the elbow, which traveled along the ulnar distribution. The patient had full extension and flexion. The patient had a large incision along the dorsal aspect of the wrist, which was well healed from the previous surgery. He is approved for ulnar release surgery. Request is for Pantoprazole and Trazadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services- Trazodone HCL 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Serotonin reuptake inhibitor Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants.

Decision rationale: The California MTUS regarding antidepressants for chronic pain states, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997)(Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." The patient has ulnar nerve compression and was certified by the peer-reviewer for ulnar nerve compression. Surgical release is the appropriate treatment for his neuropathic pain. Trazadone is not indicated when the neuropathic pain is treatable with surgery.

Associated Surgical Services-Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors.

Decision rationale: MTUS regarding the use of proton pump inhibitors (PPI) such as Prilosec, for prophylaxis use indicates that the following risk factors should be present, (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). Documentation provided does not suggest that the patient has any of the noted risk factors noted above and the pantoprazole is recommended non-certified.