MAXIMUS Federal Services

Case Number:	CM14-0218699		
Date Assigned:	01/08/2015	Date of Injury:	03/11/2013
Decision Date:	03/05/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: Texas, California
Certification(s)/Specialty: Family Practice

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 36 year old female patient who sustained a work related injury on 03/11/2013. The diagnoses include bilateral wrist extensor tenosynovitis, bilateral carpal tunnel syndrome and bilateral forearm tendinitis. According to a progress report dated 12/18/2014, she had complaints of pain, swelling and numbness in her wrists and hands. She had recently received a corticosteroid injection into her right shoulder which was helpful. The physical examination revealed extensor tenosynovitis of the dorsal compartment, positive Tinels sign bilaterally and positive Phalens on the left and decreased sensation in median nerve distribution in the left hand. According to the provider she had failed to respond to a prolonged course of splinting, rest, therapy and medications. The provider also noted that she should continue with her non-steroidal anti-inflammatory medication for her chronic pain and inflammation. She required breakthrough narcotic pain medication. She also required stomach-protective medication given her history of gastroesophageal reflux disease. The medications list includes naproxen, cyclobenzaprine, norco and tramadol. Treatment plan included left carpal tunnel release with fourth dorsal compartment extensor tenosynovectomy, rheumatologic blood work up, Naproxen, Prilosec and Tramadol ER. According to a progress report dated 10/24/2014, Tramadol facilitated an average four to five point decrease on a scale of 10, as well as greater adherence to activities and exercise. Nonsteroidal anti-inflammatory medications resulted in a 2-3 point diminution in pain component and an improved range of motion. Nonsteroidal anti-inflammatory medications historically resulted in gastrointestinal upset without a proton pump inhibitor (PPI), with PPI at every day dosing and with PPI at twice a day dosing, and denied

gastrointestinal upset with three times a day dosing. There was no history of ulcer, hemoptysis or hematochezia. She has had right wrist MRI dated 8/21/2014 which revealed extensor tenosynovitis. She has had physical therapy visits for this injury. Work restrictions included no heavy repetitive or forceful use of the hands. A urine drug screen dated 11/04/2014 was submitted for review and noted that Tramadol was consistent with the prescription. On 12/17/2014, Utilization Review non-certified retro Naproxen Sodium 1 tab by mouth 3 times a day #90, retro Pantoprazole 20mg 1 tab by mouth 3 times a day #90, retro Cyclobenzaprine 7.5mg 1 tab by mouth 3 times a day as needed #90 and retro Tramadol ER 150mg 2 tabs by mouth every day #60. The request was received on 12/03/2014. Guidelines cited for this review included CA MTUS Shoulder Complaints, Forearm Wrist and Hand Complaints, Chronic Pain Medical Treatment Guidelines; Opioids, Anti-inflammatory medications and Cyclobenzaprine. The 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:

Retro Naproxen Sodium 550 mg 1 tab PO 3x/day #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications NSAIDs Page(s): 22; and page 67.

Decision rationale: Request: Retro Naproxen Sodium 550 mg 1 tab PO 3x/day #90 Naproxen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume."Per the submitted medical records, patient had wrist and hand pain and swelling. The patient also had abnormal objective physical exam findings; extensor tenosynovitis of the dorsal compartment, positive Tinels sign bilaterally and positive Phalens on the left and decreased sensation in median nerve distribution in the left hand. NSAIDs are considered first line treatment for pain and inflammation. The request for retro Naproxen Sodium 550 mg 1 tab PO 3x/day #90 was medically appropriate and necessary for this patient for managing his chronic pain.

Retro Pantoprazole 20mg 1 tab PO 3x/day #90: 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): page 68-69.

Decision rationale: Request: Retro Pantoprazole 20mg 1 tab PO 3x/day #90 Omeprazole is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events; Patients at high risk for gastrointestinal events; Treatment of dyspepsia secondary to NSAID therapy."Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when " (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)." Per the records provided patient had history of gastric upset with NSAIDs. Patient was taking naproxen. Therefore use of PPI was medically appropriate and necessary in this patient. She had relief with 3 times a day dosing of a PPI only. The request of retro Pantoprazole 20mg 1 tab PO 3x/day #90 was medically appropriate and necessary in this patient at that time.

Retro Cyclobenzaprine 7.5mg 1 tab PO 3x/day PRN #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available), Page(s): page 64.

Decision rationale: Request: Retro Cyclobenzaprine 7.5mg 1 tab PO 3x/day PRN #90 Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease."According to the records provided patient had complaints of wrist and hand pain. According to the cited guidelines Flexeril is recommended for short term therapy and not recommended for longer than 2-3 weeks. The level of the pain with and without medications was not specified in the records provided. The need for Cyclobenzaprine Hydrochloride on a daily basis with lack of documented improvement in function is not fully established. Evidence of muscle spasm or an acute exacerbation in a recent note was not specified in the records provided. The patient has symptoms in the hand, wrist and forearm. The rationale for the use of muscle relaxants for symptoms in the forearm, wrist, and hand is not specified in the records provided. The need for 90 tablets of cyclobenzaprine, as submitted, was not deemed medically necessary. The medical necessity of retro Cyclobenzaprine 7.5mg 1 tab PO 3x/day PRN #90 was not established for this patient.

Retro Tramadol ER 150mg 2 tabs PO QD #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics Opioids for neuropathic pain Page(s): Page 75.

Decision rationale: Request: Retro Tramadol ER 150mg 2 tabs PO QD #60 Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; and (3) treatment of neuropathic cancer pain."Tramadol use is recommended for treatment of episodic exacerbations of severe pain. The need for tramadol on a daily basis with lack of documented improvement in function is not fully established. The level of the pain with and without this medication was not specified in the records provided. Short term or prn use of tramadol in this patient for acute exacerbations would be considered reasonable appropriate and necessary. However the need for 60 tablets of tramadol ER 150 mg (2 tablets per day), as submitted, was not deemed medically necessary. The medical necessity of retro Tramadol ER 150mg 2 tabs PO QD #60 was not established for this patient.