

Case Number:	CM15-0011199		
Date Assigned:	01/29/2015	Date of Injury:	05/20/2011
Decision Date:	03/25/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/21/2015

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:

The injured worker is a 63 year old male with an industrial injury dated 05/20/2011. He states he was changing the blade on a sander and plugging it back in when it suddenly jumped and struck him in the left wrist. He sustained a forearm and hand laceration. He reports a second injury on 07/17/2011 when a loose plank flipped up and struck him in the head. He indicates he lost consciousness momentarily and injured his left foot. He states he had a broken bone in his foot. The most current record is dated 09/24/2014. He had back pain with limited lumbar range of motion. His gait was antalgic and wide based. He used a cane. Prior treatments include physical therapy, diagnostics, occupational therapy, TENS unit, ankle surgery and pain medications. Electro diagnostic studies were done which affirmed the presence of carpal tunnel syndrome in his left hand and wrist, resulting in surgery in 2012. Diagnoses included left wrist joint inflammation, carpal tunnel syndrome on the right with EMG study showing severe compression of the radial nerve and ulnar neuritis bilaterally. On 01/15/2015 utilization review denied the request for Protonix 20 mg # 60. MTUS was cited. Gabapentin 600 mg # 90 was denied. MTUS was cited. Norco 10/325 mg # 90 was modified to Norco 10/325 mg # 45. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Antiepilepsy drugs (AEDs) Page(s): 60, 18-19.

Decision rationale: This patient presents with left wrist pain. The treater has asked for GABAPENTIN 600mg #90 on 9/24/14. Patient has been taking Gabapentin since 3/19/14 report. Regarding anti-convulsants, MTUS guidelines recommend for neuropathic pain, and necessitate documentation of improvement of function, side effects, and pain relief of at least 30% a lack of which would require: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. Gabapentin is recommended by MTUS as a trial for chronic neuropathic pain that is associated with spinal cord injury and CRPS, fibromyalgia, lumbar spinal stenosis. In this case, the patient has been taking Gabapentin for 6 months without documentation of effectiveness in relation to pain and function, as per MTUS pg. 60. The requested gabapentin is not indicated. The request IS NOT medically necessary.

Protonix 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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

Decision rationale: This patient presents with left wrist pain. The treater has asked for PROTONIX 20mg #60 on 9/24/14. The patient has been taking Protonix since 7/23/14 report and the patient is currently taking Protonix. Regarding Protonix, ODG indicates as second-line use for GERD symptoms if trials of Prilosec or Prevacid have failed. Regarding PPIs, MTUS does not recommend routine prophylactic use along with NSAID unless GI risk assessment is provided that include age >65, concurrent use of ASA, anticoagulants, high dose NSAID, or history of bleeding ulcers, PUD, etc. In this case, current list of medications do include an NSAID (Naproxen). However, the treater does not provide GI assessment to warrant a prophylactic use of an PPI. While the treater states that this medication is used for "reflux associated with medications," there is no documentation on the reports as to how the patient is doing with the PPI, and it's efficacy. The patient has been taking a PPI for 2 months, and the treater does not discuss why this medication should be continued. The request IS NOT medically necessary.