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| <b>Case Number:</b>   | CM15-0013496 |                              |            |
| <b>Date Assigned:</b> | 02/02/2015   | <b>Date of Injury:</b>       | 10/11/2007 |
| <b>Decision Date:</b> | 03/24/2015   | <b>UR Denial Date:</b>       | 01/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/23/2015 |

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 60 year old female who sustained a work related injury on October 11, 2007, of injuries to her bilateral wrists doing her customary work of typing and phone use. She complained of pain, numbness and tingling into her fingers. Diagnoses included bilateral hand pain, bilateral carpal tunnel and chronic pain syndrome. Treatment included oral pain medications and acupuncture. A right sided carpal tunnel release was performed in 2008 and left carpal tunnel release was performed in 2010. Currently, she continues to have wrist pain which radiated to the elbows and shoulders. The pain is exacerbated with activities of daily living. On February 2, 2015, a request for prescriptions for Protonix 20mg, #30: and Lidocaine 5% ointment 100grams #1, was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Chronic pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20 mg #30:** Upheld

**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 Risk Page(s): 69.

**Decision rationale:** The request for Protonix, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Protonix are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, neither the January 2015 appeal letter nor the late 2014 progress note contained any references to issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request was not medically necessary.

**Lidocaine 5% ointment 100 gm #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

**Decision rationale:** The request for topical Lidocaine was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with oral anticonvulsant adjuvant medications and/or antidepressant adjuvant medications, in this case, however, the applicant's ongoing usage of gabapentin, a first-line oral anticonvulsant adjuvant medication, effectively obviated the need for lidocaine ointment at issue. Therefore, the request was not medically necessary.