

Case Number:	CM15-0013789		
Date Assigned:	02/02/2015	Date of Injury:	04/28/2013
Decision Date:	03/27/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 25 year old female, who sustained an industrial injury on 4/28/2013. The diagnoses have included carpal tunnel syndrome. Treatment to date has included conservative measures. Surgical treatment included right carpal tunnel release surgery on 12/08/2014 and left carpal tunnel release in January 2014. Currently, the injured worker complains of right wrist/hand pain, rated 6/10, and left wrist/hand pain, rated 5/10. The left wrist/hand incision was well healed and then right wrist/hand was well-healing, with no signs of infection. On 1/15/2015, Utilization Review (UR) non-certified a prescription request for Cyclobenzaprine 7.5mg #90 (dispensed 11/05/2014 and 12/05/2014, citing lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines. The UR non-certified a prescription request for Naproxen 550mg #90 (dispensed 11/05/2014 and 12/05/2014, citing MTUS Chronic Pain Medical Treatment Guidelines. The UR non-certified a prescription request for Pantoprazole 20mg #90 (dispensed 11/05/2014 and 12/05/2014), citing MTUS Chronic Pain Medical Treatment Guidelines. The UR non-certified a prescription request for Tramadol ER 150mg #60 (dispensed 11/04/2014 and 12/05/2014), citing MTUS Chronic Pain Medical Treatment Guidelines. The UR non-certified a prescription request for Hydrocodone 10/325mg #60 (dispensed 11/05/2014), citing MTUS 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:

Cyclobenzaprine 7.5mg #90, 1 po TID prn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 7.5 mg one PO TID PRN #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are status post right carpal tunnel release December 18, 2014; and status post left carpal tunnel release January 2014. The documentation indicates cyclobenzaprine was prescribed as far back as August 21, 2014. The documentation indicates the injured worker is using cyclobenzaprine well in excess of the recommended guidelines for short-term (less than two weeks). Additionally, cyclobenzaprine is indicated for short-term use in treatment of acute low back pain and short-term treatment of acute exacerbations in chronic low back pain. The injured worker was treated for carpal tunnel syndrome. There was no documentation of low back pain acute or chronic in the medical record. There was no documentation of objective functional improvement. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing cyclobenzaprine in excess of the recommended short-term (less than two weeks) guidelines, cyclobenzaprine 7.5 mg one PO TID PRN #90 is not medically necessary.

Pantoprazole 20mg #90, 1 po TID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation ODG Pain section, Proton pump inhibitors

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Pantoprazole 20 mg I PO TID #90 is not medically necessary. Pantoprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are status post right carpal tunnel release December 18, 2014; and status post left carpal tunnel release January 2014. A progress note dated August 21, 2014 indicates the injured worker was taking Protonix at that time. The

exact start date is unclear from the documentation. Pantoprazole is not specifically documented as the proton pump inhibitor of choice in the medical record. The treating physician referred to the drug as the "PPI". The exact start date is unclear from the documentation. Additionally, there are no comorbid conditions in the past medical history with G.I. bleeding, peptic ulcer, concurrent use of aspirin, etc. Consequently, absent clinical documentation to support the ongoing use of pantoprazole in the absence of risk factors, pantoprazole 20 mg one PO TID #90 is not medically necessary.

Naproxen 550mg #90, 1 po TID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 67. Decision based on Non-MTUS Citation ODG Pain section, NSAI

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen 550 mg one po tid #90 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are status post right carpal tunnel release December 18, 2014; and status post left carpal tunnel release January 2014. The documentation indicates the injured worker was using naproxen 550 mg as far back as August 21st 2014. The documentation does not contain evidence of objective functional improvement to gauge Naproxen's efficacy. Naprosyn is indicated at the lowest dose for the shortest period in patients with moderate severe pain. The injured worker is taking Naprosyn for approximately 7 months. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Naproxen 550 mg when the injured worker is status post right and left carpal to release surgery, Naproxen 550 mg one po tid #90 is not medically necessary.

Tramadol ER 150mg #60, 2 po QD: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation ODG Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol ER 150 mg two tablets daily #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured

worker's working diagnoses are status post right carpal tunnel release December 18, 2014; and status post left carpal tunnel release January 2014. The documentation indicates the injured worker was using tramadol as far back as August 21, 2014. The documentation does not contain evidence of objective functional improvement with tramadol. Additionally, the injured worker is status post right and left carpal tunnel syndrome release and there are no clinical signs or symptoms to support tramadol's continued use. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Tramadol, Tramadol ER 150 mg two tablets daily #60 is not medically necessary.

Hydrocodone 10/325: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Hydrocodone 10/325 mg is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are status post right carpal tunnel release December 18, 2014; and status post left carpal tunnel release January 2014. The documentation indicates the injured worker was using Hydrocodone 10/325mg as far back as November 5, 2014. Hydrocodone prescribed for breakthrough pain. The documentation suggests the injured worker had been taking Hydrocodone prior to the November 5, 2014 entry. The exact start date is unclear. The documentation does not contain evidence of objective functional improvement with hydrocodone. Additionally, the injured worker is status post right and left carpal tunnel syndrome release and there are no clinical signs or symptoms to support Hydrocodone's continued use. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Hydrocodone, Hydrocodone 10/325 mg is not medically necessary.