

<b>Case Number:</b>	CM15-0014773		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	12/14/2011
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 66-year-old female who reported injury on 12/14/2011. The mechanism of injury was cumulative trauma. The documentation of 12/16/2014 revealed the injured worker had pain in the long finger of the right hand with stiffness and swelling throughout the whole finger as well as numbness and tingling of the 2nd and 3rd fingers on the left. The injured worker was noted to have pain every day and on some days was unable to work. The physical examination revealed tenderness along the long finger; however, not along the A1 pulley and there was no triggering present. The injured worker had decreased sensation along the 2nd and 3rd fingers on the right hand in comparison with the other fingers. The injured worker had generalized weakness bilaterally. The injured worker's diagnoses included bilateral carpal tunnel status post carpal tunnel release on the right with persistent symptomatology. The treatment plan included tramadol ER 150 mg #30 for pain, Nalfon 400 mg #60 for inflammation, Protonix 20 mg #60 for upset stomach, and gabapentin 60 mg #90 for neuropathic pain as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin (Neurontin) 600mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend antiepileptic medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review failed to indicate the duration of use. There was a lack of documentation indicating the injured worker had at least 30% to 50% of pain relief and objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for gabapentin (Neurontin) 600 mg #90 is not medically necessary.

**Pantoprazole (Protonix) 20mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had upset stomach. However, there was a lack of documented efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Pantoprazole (Protonix) 20 mg #60 is not medically necessary.