

Case Number:	CM15-0014845		
Date Assigned:	02/02/2015	Date of Injury:	07/08/2009
Decision Date:	06/08/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	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

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 57 year old male who sustained an industrial injury on 07/08/2009. Current diagnoses includes status post right carpal tunnel release with residual weakness. Previous treatments included medication management, right wrist surgery, and physical therapy. Report dated 12/11/2014 noted that the injured worker presented with complaints that included pain in the right proximal palm. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included dispensed medications, appeal denial for physical therapy, and re-evaluate in 4 weeks. Disputed treatments include retrospective (DOS 12/11/2014) for diclofenac, tramadol, and pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Date of Service: 12/11/14 For Diclofenac (Voltaren) 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines Pain chapter, Diclofenac.

Decision rationale: The 57 year old patient is status post right endoscopic carpal tunnel release with residual weakness, as per progress report dated 12/11/14. The request is for RETRO DATE OF SERVICE 12/11/14 FOR DICLOFENAC (VOLTAREN) 100 mg # 60. There is no RFA for this case, and the patient's date of injury is 07/08/09. Diagnosis, as per progress report dated 12/11/14, included carpal tunnel syndrome. Medications included Protonix, Voltaren and Tramadol. The patient is retired, as per the same progress report. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. However, for Diclofenac, ODG guidelines provide a specific discussion stating, "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%." It goes on to state that there is substantial increase in stroke. In this case, review of the reports do not show why the treater has chosen this particular NSAID with a high risk profile. ODG does not support this medication unless other NSAIDs have failed and the patient is a very low risk profile. The request IS NOT medically necessary. In this case, a prescription for Voltaren is first noted in progress report dated 08/21/14, and the patient has been taking the medication consistently at least since then. The treater does not discuss why this particular NSAID with a high risk profile was chosen nor does the treater document failure of other NSAIDs. ODG does not support this medication unless other NSAIDs have failed and the patient is a very low risk profile. Hence, the request IS NOT medically necessary.

Retro Date of Service: 12/11/14 For Tramadol (Ultram) 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2015 web based edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioide Hydrocodone Page(s): 76-78, 88-90.

Decision rationale: The 57 year old patient is status post right endoscopic carpal tunnel release with residual weakness, as per progress report dated 12/11/14. The request is for RETRO DATE OF SERVICE 12/11/14 FOR TRAMADOL (ULTRAM) 150 mg # 30. There is no RFA for this case, and the patient's date of injury is 07/08/09. Diagnosis, as per progress report dated 12/11/14, included carpal tunnel syndrome. Medications included Protonix, Voltaren and Tramadol. The patient is retired, as per the same progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain,

intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Tramadol is first noted in progress report dated 08/21/14. The treating physician, however, does not document reduction in pain in terms of change in pain scale nor does the treater use a validated scale to demonstrate an increase function due to Tramadol use. No UDS or CURES reports are available for review and the treater does not list the side effects associated with Tramadol in this patient. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.

Retro Date of Service: 12/11/14 For Pantoprazole (Protonix) 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2015 web based edition.

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

Decision rationale: The 57 year old patient is status post right endoscopic carpal tunnel release with residual weakness, as per progress report dated 12/11/14. The request is for RETRO DATE OF SERVICE 12/11/14 FOR PANTOPRAZOLE (PROTONIX) 20 mg # 60. There is no RFA for this case, and the patient's date of injury is 07/08/09. Diagnosis, as per progress report dated 12/11/14, included carpal tunnel syndrome. Medications included Protonix, Voltaren and Tramadol. The patient is retired, as per the same progress report. Regarding Protonix, or a proton pump inhibitor, MTUS, page 69, allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. Regarding Protonix, or a proton pump inhibitor, MTUS, page 69, allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. FDA indications <http://www.drugs.com/pro/protonix.html>, are present "PROTONIX- Pantoprazole, a PPI, Gastroesophageal Reflux Disease Associated with a History of Erosive Esophagitis. Protonix I.V. for Injection is indicated for short-term treatment (7 to 10 days) of adult patients with gastroesophageal reflux disease (GERD) and a history of erosive esophagitis." In this case, a prescription for Pantoprazole and Voltaren (NSAID) was first noted in progress report dated 08/21/14. The patient has been receiving the medication consistently at least since then. The treater, however, does not provide a GI risk assessment for the patient. There is no documentation of medication-induced gastritis or failure of first-line proton pump inhibitors. Additionally, the treater does not discuss the efficacy of Pantoprazole. Hence, the request IS NOT medically necessary.