

Case Number:	CM15-0114035		
Date Assigned:	06/22/2015	Date of Injury:	04/16/2013
Decision Date:	07/24/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/12/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 27 year old male, who sustained an industrial injury on April 16, 2013. Treatment to date has included diagnostic imaging, stellate ganglion block, NSAIDS, pain medications, and right lateral de Quervain's release. Currently, the injured worker complains of right shoulder and bilateral wrist pain which he rates a 10 on a 10 point scale. The injured worker reports that his pain has increased since his previous evaluation and is described as dull aching. The pain radiates into the right arm with low of grip and low mobility of fingers. He reports that his medications help with his pain. The diagnoses associated with the request include complex regional pain syndrome of the right upper extremity, status post right de Quervain's tenosynovectomy and bilateral carpal tunnel syndrome. The treatment plan includes home exercise for the right upper extremity, urine drug screen, stellate ganglion blocks, continuation of Motrin, Protonix, Neurontin, Elavil and Norco and transdermal cream for help with burning sensation and hypersensitivity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco along with NSAIDs and Tricyclics for over 6 months without significant change in pain or function. VAS pain scores with response to individual medications is not provided. Prolonged use of Norco is not medically necessary.

Transdermal creams that include Gabapentin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Gabapentin are not recommended due to lack of evidence. In addition, the claimant was on numerous other oral analgesics with insufficient pain control. Since the compound above contains topical Gabapentin, the compound in question is not medically necessary.

Protonix 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PPI Page(s): 68.

Decision rationale: According to the MTUS guidelines, Protonix is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anti-coagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Therefore, the continued use of Protonix is not medically necessary.