

Case Number:	CM15-0175140		
Date Assigned:	09/25/2015	Date of Injury:	02/11/2014
Decision Date:	11/03/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/04/2015

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:

This 48 year old female sustained an industrial injury on 2-11-14. Documentation indicated that the injured worker was receiving treatment for chronic bilateral upper extremity pain. Past medical history was significant for seizure disorder. Previous treatment included physical therapy, injections, splinting and medications. In visit notes dated 2-18-15, 3-18-15, 4-15-15 and 5-18-15, the injured worker complained of right upper extremity pain, rated 6-7 out of 10 on the visual analog scale. In a visit note dated 7-30-15, the injured worker complained of persistent bilateral upper extremity pain, rated 7 out of 10 on the visual analog scale. The injured worker reported that medications helped with pain and function. The injured worker reported having "some" gastrointestinal upset for which she used Protonix. The injured worker was awaiting approval for right carpal tunnel release and cubital tunnel release. In the review of systems, the injured worker complained of constipation but denied heartburn, nausea, abdominal pain, black tarry stools and throwing up. The physician described the injured worker as well-developed, well-groomed and well-nourished with appropriate mood and affect. The injured worker's gait was grossly normal and non-antalgic. The injured worker had been prescribed Protonix and Relafen since at least 2-18-15. The treatment plan included prescriptions for Protonix and Relafen. On 8-7-15, Utilization Review noncertified a request for Relafen 500mg #90 and Protonix 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone-Relafen 500mg 1Q12H with food/anti inflammatory #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Nabumetone (Relafen) 500 mg one tablet every 12 hours with food #90 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are contusion wrist tenosynovitis hand/wrist NEC; carpal tunnel syndrome; and pain psychogenic NEC. Date of injury is February 11, 2014. Request for authorization is August 3, 2015. According to her progress updated February 18, 2015, Relafen and pantoprazole were prescribed the injured worker. According to a progress note dated July 30, 2015, subjective complaints of chronic bilateral upper extremity pain. The treating provider requested authorization for carpal tunnel release and cubital tunnel release surgery. Pain score is 7/10. Medications help. Objectively, there are vital signs present, but no physical examination of the upper extremities. There is no documentation demonstrating objective functional improvement to support ongoing Relafen. There is no documentation reflecting an attempt at relevant weaning. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with a physical examination of the upper extremities and no documentation demonstrating objective functional improvement, Nabumetone (Relafen) 500 mg one tablet every 12 hours with food #90 is not medically necessary.

Pantoprazole-Protonix 20mg 1BID with Naproxen Stomach/estomago #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Pantoprazole (Protonix) 20 mg one po b.i.d. #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in

certain patients taking non-steroidal 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 non-steroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are contusion wrist tenosynovitis hand/wrist NEC; carpal tunnel syndrome; and pain psychogenic NEC. Date of injury is February 11, 2014. Request for authorization is August 3, 2015. According to her progress updated February 18, 2015, Relafen and pantoprazole were prescribed the injured worker. According to a progress note dated July 30, 2015, subjective complaints of chronic bilateral upper extremity pain. The treating provider requested authorization for carpal tunnel release and cubital tunnel release surgery. Pain score is 7/10. Medications help. Objectively, there are vital signs present, but no physical examination of the upper extremities. There is no documentation of failed first-line proton pump inhibitor use. There are no gastrointestinal risk factors or call morbid conditions showing history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation with risk factors are comparable the conditions for gastrointestinal events and no documentation with failed first line proton pump inhibitor use, Pantoprazole (Protonix) 20 mg one po b.i.d. #60 is not medically necessary.