

Case Number:	CM15-0024173		
Date Assigned:	02/13/2015	Date of Injury:	09/07/2013
Decision Date:	04/03/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/09/2015

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 year old male injured worker suffered and industrial injury on 9/7/2013The diagnosis was right carpal tunnel syndrome. The diagnostic studies were electromyography/nerve conduction velocity upper extremities. The treatments were physical therapy, medications, left carpal tunnel release, left wrist brace. The treating provider reported right hand numbness and tingling with weakness with pain radiating to bilateral arms hands and finger. The Utilization Review Determination on 1/15/2015 non-certified: 1. Levofloxacin (Levaquin) 500 MG#14, citing ODG. 2. Pantoprazole (Protonix) 20MG #60, citing MTUS. 3. Naproxen Sodium (Anaprox) 550MG #60, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levofloxacin (Levaquin) 500 MG#14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infectious Disease.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.guidelines.gov, the National Guideline Clearinghouse.

Decision rationale: The patient presents with right hand numbness, tingling and weakness. This request is for LEVOFLAXIN- LEVAQUIN- 500MG #14. Per www.guidelines.gov, the National Guideline Clearinghouse, Antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedures, including knee, hand, and foot procedures; arthroscopy; and other procedures without instrumentation or implantation of foreign materials. (Strength of evidence against prophylaxis. C.) If the potential for implantation of foreign materials is unknown, the procedure should be treated as with implantation.) (10-1-14) MTUS, ACOEM and ODG guidelines are silent on the prophylactic use of antibiotics during orthopedic procedures. However, the National Guideline Clearinghouse does not recommend this for clean, orthopedic procedures without instrumentation or implantation of foreign materials. This patient is status post left CTR from 1/2/14. There is not discussion regarding this request, therefore, the medical necessity for this medication has not been established, the request for Levaquin is not medically necessary.

Pantoprazole (Protonix) 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient presents with right hand numbness, tingling and weakness. This patient is status post left CTR on 1/2/14. This request is for PANTOPRAZOLE PROTONIX 20MG #60. The MTUS Guidelines, pages 68 and 69, states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Ages greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticoid and/or anticoagulant. 4. High dose/multiple NSAID. There is no discussion regarding the use of this medication. In this case, the patient is concurrently prescribed Naproxen, but there is no documentation of dyspepsia or GI issues to warrant the use of omeprazole. Routine prophylactic use of PPI without documentation of gastric issues is not supported by MTUS Guidelines without GI assessment. The requested Protonix IS NOT medically necessary.

Naproxen Sodium (Anaprox) 550MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents with right hand numbness, tingling and weakness. This patient is status post left CTR on 1/2/14. This request is for NAPROXEN SODIUM ANAPROX 550MG #60. The MTUS Guidelines page 22 regarding anti-inflammatory medication states that, "Anti-inflammatory are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted". The Utilization review denied the request for Naproxen stating that there is no significant improvement in pain, VAS score, or functional improvement to warrant continued use. There is no discussion regarding the medication Naproxen. Report dated 12/8/14 recommends that the patient continue with OTC medications. This appears to be an initial request. Given the patient complaints the use of Naproxen is in accordance with MTUS guidelines. This request IS medically necessary.