

Case Number:	CM15-0075792		
Date Assigned:	04/27/2015	Date of Injury:	10/09/2013
Decision Date:	06/30/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/21/2015

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, Pain Management

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 51 year old with an industrial injury dated 10/09/2013. His diagnoses included right carpal tunnel syndrome and right wrist sprain/strain. Prior treatments included acupuncture, medications, physical therapy, and steroid injections. He presented on 03/09/2015 with complaints of constant sharp stabbing pain in the right wrist radiating down to hands and fingers with numbness and tingling. The pain is rated as 8/10. Objective findings noted swelling present in right wrist with tenderness in the dorsal wrist. Range of motion and sensation were decreased. The treatment plan included a medication for stomach protection, pain medication and compound creams for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound prescription unspecified, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Page(s): s 111-113.

Decision rationale: Regarding the request for compound prescription in the topical form, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Within the documentation available for review, it is unclear what the components of this compound formulation are. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested compound prescription is not medically necessary.

Pantoprazole tablets 20mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines proton pump inhibitors Page(s): s 68-69.

Decision rationale: Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of Omeprazole or Lansoprazole. Within the documentation available for review, the patient is not taking NSAIDs for pain relief. There is no indication that the patient has complaints of dyspepsia, is at risk for gastrointestinal events, or another indication for this medication. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with Pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested Pantoprazole is not medically necessary.

Tramadol Hydrochloride (HCL) capsules 150mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication Page(s): s 75-80.

Decision rationale: Regarding the request for Tramadol, Chronic Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the patient has ongoing treatment with Tramadol as indicated from progress notes dating back to 10/2014. However, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), and no documentation regarding side effects. As such, there is no clear indication for ongoing use of the medication.

Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Tramadol is not medically necessary.

Retro: Compound prescription, unspecified, #30 (DOR: 3/9/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Page(s): s 111-113.

Decision rationale: Regarding the request for compound prescription in the topical form, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Within the documentation available for review, it is unclear what the components of this compound formulation are. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested compound prescription is not medically necessary.