

Case Number:	CM15-0077050		
Date Assigned:	05/18/2015	Date of Injury:	11/02/2012
Decision Date:	06/17/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/22/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 62-year-old female, who sustained an industrial injury on November 2, 2012. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having bilateral median nerve neuropathy (electrodiagnostics positive), status post right knee arthroscopy in 2013, left knee pain, and low back pain with bilateral lower extremities symptoms. She is status post bilateral carpal tunnel release. Diagnostic studies to date have included electrodiagnostic studies and urine drug screening. Treatment to date has included psychotherapy, a transcutaneous electrical nerve stimulation (TENS) unit, activity modifications, stretching, physical therapy, home exercise program, and medications including pain, muscle relaxant, proton pump inhibitor, antidepressant, and non-steroidal anti-inflammatory. On March 25, 2015, the injured worker complains of worsening right wrist/hand pain and "dropping everything". The pain was rated 8/10. In addition, she complains of left wrist/hand, low back, and left knee pain, which are rated 5/10. She has bilateral lower extremities symptoms along with her low back pain, which is greater on the right side. Her current medications help her maintain her activities of daily living and exercise regimen. Her non-steroidal anti-inflammatory medication improves range of motion and decreases the pain an additional 3-4/10 point on average. She failed treatment with a first-line proton pump inhibitor. She still had gastrointestinal upset when she took her current proton pump inhibitor medication once or twice a day, but she has no gastrointestinal upset when she takes it three times a day. The physical exam revealed positive bilateral Tinel's and Phalen's, decreased sensation of the medial nerve distribution, and markedly limited bilateral Jamar

testing. There were decreased spasms of the forearm musculature, and decreased lumbar paraspinal musculature spasms. The bilateral knee exam was unchanged. The treatment plan includes continuing the Naproxen and Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Naproxen 550mg #90, DOS: 4/1/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26 Page(s): 67 of 127.

Decision rationale: The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. It is appropriately not medically necessary.

Retrospective Pantoprazole 20mg #90, DOS 4/1/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 68 of 127.

Decision rationale: The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records indicated this claimant failed a first line proton pump inhibitor, but still, sufficient gastrointestinal risks are not noted in these records. The request is appropriately not medically necessary based on MTUS guideline review.