

Case Number:	CM15-0077340		
Date Assigned:	04/28/2015	Date of Injury:	01/07/2010
Decision Date:	06/25/2015	UR Denial Date:	03/30/2015
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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 52 year old female, who sustained an industrial injury on January 7, 2010. She reported neck pain, bilateral wrist and bilateral lower arm pain. The injured worker was diagnosed as having discogenic cervical condition with facet inflammation, bilateral shoulder impingement, rotator cuff strain, biceps tendinitis, AC joint inflammation, medial . Treatment to date has included bilateral splints, medications, conservative care and work restrictions. Currently, the injured worker complains of continued neck pain, bilateral wrist pain and bilateral lower extremity pain with associated headaches, blurry vision and numbness and tingling of the bilateral upper extremities. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on February 18, 2015, revealed continued pain as noted. Cortisone injections of the bilateral wrists and medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Steroid Injection to Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-272, table 11-7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

Decision rationale: This 52 year old female has complained of neck, wrist and lower extremity pain since date of injury 1/7/10. She has been treated with physical therapy and medications. The current request is for steroid injection to the right wrist. Per the ACOEM guidelines cited above, cortisone injections are not a recommended treatment modality for wrist pain. On the basis of the available medical records and per the ACOEM guidelines cited above, a steroid injection to the right wrist is not indicated as medically necessary.

Cortisone Steroid Injection to Left Carpal Tunnel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-272, table 11-7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: This 52 year old female has complained of neck, wrist and lower extremity pain since date of injury 1/7/10. She has been treated with physical therapy and medications. The current request is for cortisone steroid injection to the left carpal tunnel. Per the ACOEM guidelines cited above, cortisone injections may be used in the treatment of carpal tunnel syndrome after demonstrated failure of conservative therapy. The available medical records do not adequately document failure of conservative therapy. On the basis of the available medical records and per the ACOEM guidelines cited above, cortisone steroid injection to the left carpal tunnel is not indicated as medically necessary.

Cyclobenzaprine (Fexmid/Flexeril) 7.5 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: This 52 year old female has complained of neck, wrist and lower extremity pain since date of injury 1/7/10. She has been treated with physical therapy and medications to include cyclobenzaprine for at least 4 weeks duration. The current request is for Cyclobenzaprine. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not considered medically necessary for this patient.

Pantoprazole (Protonix) 20 mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

Decision rationale: This 52 year old female has complained of neck, wrist and lower extremity pain since date of injury 1/7/10. She has been treated with physical therapy and medications. The current request is for Protonix. There are no medical reports which adequately describe the relevant signs and symptoms of possible GI disease. Cotherapy with an NSAID is not indicated in patients other than those at higher risk, as described in the MTUS. No reports describe the specific risk factors present in this patient. In the MTUS citation listed above, chronic use of PPIs can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Pantoprazole is not indicated based on lack of medical necessity according to the MTUS, and risk of toxicity.