

Case Number:	CM15-0078209		
Date Assigned:	04/29/2015	Date of Injury:	12/29/2011
Decision Date:	06/01/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/23/2015

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 injured worker is a 44 year old male who sustained an industrial injury on 12/29/11. He has reported initial complaints of right fifth finger (pinky) injury after breaking up a fight. The diagnoses have included pain in the joint/hand status post right little finger proximal interphalangeal fusion and knuckle replacement, status post implantation of prosthesis right fifth digit and Complex regional pain syndrome (CRPS) right upper extremity. He has history of Gastroesophageal reflux disease (GERD). Treatment to date has included medications, diagnostics, surgery, stellate ganglion block, splinting, and post-operative hand therapy. The diagnostic testing that was performed included x-ray of right small finger, electromyography (EMG) of the right upper extremity and urine drug screen. The current medications included Lunesta, Gabapentin, Morphine sulfate ER and Pantoprazole. Currently, as per the physician progress note dated 4/10/15, the injured worker complains of continued pain in the right fifth digit, radiation in to the right forearm, right shoulder and right neck. He reports that the numbness in the right hand has increased in the last month. He reports better coverage of pain with increased dose of Morphine at night and reports sleeping problems due to pain. The objective findings revealed decreased range of motion of the right fifth digit, allodynia and erythematous color changes of the right fifth digit. The injured worker is working full time. The physician noted that he is status post 2 surgeries for the fifth finger with possible third surgery recommended. The physician requested treatments included Magnetic Resonance Imaging (MRI) of the right hand QTY: 1.00 and Pantoprazole 20mg QTY: 60.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right hand QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter Forearm, Wrist, Hand (Acute & Chronic) and title 'MRI's (Magnetic Resonance Imaging).

Decision rationale: Based on the 04/10/15 progress report provided by treating physician, the patient presents with right fifth digit and right upper extremity pain secondary to CRPS, with radiation into right forearm, right shoulder, and right neck. The patient is status post ORIF right little finger 2012, and PIP joint implant right small finger 2013. The request is for MRI OF THE RIGHT HAND QTY:1.00. Patient's diagnosis per Request for Authorization form dated 04/14/15 includes Pain in joint hand- s/p left 5th digit PIP Arthroplasty, Lesion ulnar nerve, Pain psychogenic NEC, Therapeutic drug monitor, Long-term use meds NEC. Performed diagnostic testing included x-ray of right small finger, and electromyography (EMG) of the right upper extremity. Treatment to date has included surgeries, post-operative hand therapy, stellate ganglion block, splinting, and medications. Patient's medications include Lunesta, Gabapentin, Morphine Sulfate, and Pantoprazole. The patient continues to work full-time, per 04/10/15 treater report. Progress reports were provided from 09/24/14 - 04/10/15. ODG guidelines, chapter Forearm, Wrist, Hand (Acute & Chronic) and title 'MRI's (Magnetic Resonance Imaging), state that "Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures." The criteria, according to the guidelines include (1) Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; (2) Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; (3) Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury); (4) Chronic wrist pain, plain films normal, suspect soft tissue tumor; (5) Chronic wrist pain, plain film normal or equivocal, suspect Kienbck's disease; (6) Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology .UR letter dated 04/17/15 states "...There is no indication of how obtaining this imaging study will change or enhance the treatment of CRPS..." Per 04/10/15 progress report, treater states "...a second or third opinion may be needed for [the patient's] persistent right fifth digit and right hand pain...We will request for right hand MRI as well as surgical consultation at this visit as recommended by QME..." In this case, patient continues with right hand pain. Given the patients symptoms and diagnosis, ODG advocates the use of MRI imaging to perform a global examination. Review of medical records do not indicate postoperative MRI of the right hand. Therefore, the request IS medically necessary.

Pantoprazole 20mg QTY: 60.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Medications for chronic pain Page(s): 69, 60.

Decision rationale: Based on the 04/10/15 progress report provided by treating physician, the patient presents with right fifth digit and right upper extremity pain secondary to CRPS, with radiation into right forearm, right shoulder, and right neck. The request is for pantoprazole 20mg qty 60.00. Patient's diagnosis per Request for Authorization form dated 04/14/15 includes Pain in joint hand- s/p left 5th digit PIP Arthroplasty. Treatment to date has included surgeries, post-operative hand therapy, stellate ganglion block, splinting, and medications. Patient's medications include Lunesta, Gabapentin, Morphine Sulfate, and Pantoprazole. The patient continues to work full-time, per 04/10/15 treater report. Progress reports were provided from 09/24/14 - 04/10/15. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Pantoprazole has been included in patient medications, per treater reports dated 02/12/15 and 04/10/15. It is not known when Pantoprazole was initiated. Treater states in 02/12/15 report that patient reports "use of analgesic medications have improved his function in the right upper extremity by about 50% with regard to gripping, grasping, and lifting. I do think that there is a reasonable basis for these medications to be continued at this point in time. There is evidence that the gabapentin is providing additional benefit with Protonix for GI prophylaxis." Per 02/12/15 progress report, the patient has history of Gastroesophageal reflux disease (GERD), and Hypercholesterolemia. Treater has documented patient's GI risk assessment and benefit from medication. The request to continue PPI prophylactic therapy appears reasonable. Therefore, the request IS medically necessary.