

Case Number:	CM15-0090181		
Date Assigned:	05/14/2015	Date of Injury:	07/22/2013
Decision Date:	07/03/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/11/2015

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, Hawaii
 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 53 year old individual, who sustained an industrial injury on 7/22/2013. Diagnoses include right thumb stenosing tenosynovitis, right upper extremity compression neuropathy, rule out carpal tunnel/cubital tunnel syndrome, left hip bursitis and impingement, chronic right ankle sprain/strain, annular tear L4-5 and facet osteoarthropathy L4-5 and L5-S1 with bilateral neural encroachment. Treatment to date has included diagnostics including electrodiagnostic testing of the lower extremities (2/28/2014) and lumbar magnetic resonance imaging (MRI) (6/11/2014), medications, physical therapy, home exercise, TENS unit, heat application and cold application. Per the Primary Treating Physician's Progress Report dated 3/05/2015, the injured worker reported right thumb/hand pain rated as 5/10, left wrist/hand pain rated as 5/10, right ankle pain rated as 6/10, left hip pain rated as 5/10 and low back pain with lower extremity symptoms rated as 6/10. Physical examination revealed pain with finger flexion, limited, most pronounced at thumb. JAMAR testing is recorded as 0, 0, and 0. There was tenderness of the right hand, A1 pulley. The plan of care included medications and authorization was requested for Tramadol 150mg, Naproxen 550mg, pantoprazole 20mg, and Cyclobenzaprine 7.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93-94, 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the right thumb, hand, wrist ankle and hip. The current request is for Tramadol 150mg #60. The treating physician states in the report dated 4/23/15, "Dispensed tramadol ER one by mouth max twice a day when necessary moderately serve pain." (18B) The treating physician also documents that the patient is able to perform ADLs while on this medication and helps reduce pain to a 3-5/10. For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has documented that the patient has decreased pain, is able to perform ADLs, has not had any side effects to the medication, and has not demonstrated any aberrant behaviors. The current request is medically necessary and the recommendation is for authorization.

Naproxen 550mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 72-73.

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

Decision rationale: The patient presents with pain affecting the right thumb, hand, wrist ankle and hip. The current request is for Naproxen 550mg #90. The treating physician states in the report dated 4/23/15, "Naproxen 550mg at tid dosing does decrease pain average of three-four points. Objective improvement with NSAID includes improved tolerance to exercise and improved range of motion and decreased inflammation." The MTUS guidelines state, "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." In this case, it is not clear in the records provided for review how long the treating physician has prescribed this medication to the patient. The physician does document that the medication helps decrease the patient's pain and helps improve their ability to function as required in the MTUS on page 60. The current request is medically necessary.

Pantoprazole 20mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment of dyspepsia secondary to NSAID therapy Page(s): 68-69.

Decision rationale: The patient presents with pain affecting the right thumb, hand, wrist ankle and hip. The current request is for Pantoprazole 20mg #90. The treating physician states in the report dated 4/23/15, "Provided GI history and accompanying risk factors with NSAIDs we dispensed pantoprazole to minimize potential for development of adverse GI upset. This patient is at 'intermediate risk' for development of adverse GI events." The patient is currently prescribed Naproxen. The MTUS guidelines state, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the treating physician has documented that the patient has GI upset with the use of NSAIDs. The current request is medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

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

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

Decision rationale: The patient presents with pain affecting the right thumb, hand, wrist ankle and hip. The current request is for Cyclobenzaprine 7.5mg #90. The treating physician states in the report dated 4/23/15 17B, "Dispensed consistent with MTUS 64-66 provided intractable, refractory spasm to strategies failed including activity modification, exercise, stretching, moist heat, cold therapy, TENS." The MTUS guidelines state, "Recommended as an option, using a short course of therapy. Treatment should be brief." In this case, the treating physician has been prescribing this medication to the patient since at least November 2014 and the MTUS guidelines only allow this medication for short term therapy. The current request is not medically necessary.