MAXIMUS Federal Services

Case Number:	CM13-0032007		
Date Assigned:	12/04/2013	Date of Injury:	12/07/1997
Decision Date:	02/19/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 65-year-old female who was employed by [redacted] and had been working with them as a material handler since 1975. Her job as a material handler required her to move a variety of products weighing up to 600lb using appropriate warehouse lifting devices. She would personally lift and maneuver up to 100 lb., drive a forklift, us a handcart or pallet jack, utilize the computer, unload trucks by hand, do overhead pushing, pulling and reaching, and carrying out activities as an order selector. She indicated she had been fully active in carrying out her daily work, household, and recreational activities, but that in December 1997 she was aware of onset pain in her shoulders, occurring as she carried out her work activities, utilizing a pallet jack. She used all of her strength to move the material, on December 8, 1997, experiencing sharp pain in her shoulders, which then extended to the arms and hands. The patient continued working but was placed in a light duty setting, utilizing the telephone and computer, filing and writing activities. She had some persistent pain, in spite of her lessened level of activity, and required operative intervention on August 28, 1998, with right shoulder arthroscopy, partial synovectomy, acromioclavicular resection, subacromial decompression and debridement. Although she was better with her surgery, she still had some persistent symptoms, being followed by physical therapy. On April 30, 1999, she underwent left shoulder arthroscopic debridement, including partial debridement of the rotator cuff tear and long head of the biceps, reception of the left distal clavicle, and coracoacromial ligament release. She was better postoperatively, but had some persistent pain and functional limitations with her shoulder. She continued to experience pain and paresthesias involving her hands and arms, and was felt to have carpal tunnel syndrome, confirmed by electrophysiological testing and for which she underwent left carpal tunn

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg capsule #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms and Cardiovascular Risk Page(s): 68.

Decision rationale: Nexium (esomeprazole) is a proton-pump inhibitor (PPI), which can be used as a co-treatment of patients on non-steroidal anti-inflammatory drug (NSAID) therapy who is at risk of gastro-intestinal bleeding. The Chronic Pain Guidelines recommend determining first the risk factors for gastrointestinal events and cardiovascular disease. When a patient is at a low risk for gastrointestinal event and cardiovascular disease, a full-dose naproxen is the preferred choice of NSAID medication. The guidelines indicate that gastrointestinal (Gl) prophylaxis is indicated in patients with history of peptic ulcer, Gl bleed perforation, patients above 65-years of age, patients prescribed aspirin, steroids, anticoagulants and NSA!Ds either single or in multiple doses. Nexium (esomeprazole) is a proton pump inhibitor used for various gastric acid related conditions, such as gastroesophageal reflux disease (GERD) or ulceration of stomach or duodenum. It can be used in conjunction with non-steroidal anti-inflammatories in an attempt to reduce the side effects of these medications. The claimant has been using Voltaren gel 1% (Topical non-steroidal) as per [redacted] RFA, and it appears Naproxen has been discontinued. According to medical records, the patient did not have a history of gastrointestinal issues, and additionally, the patient was not concurrently prescribed Naproxen that has caused an adverse reaction in the past.

Ultracet 325/37.5 mg tablet #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Medical Treatment Guidelines, California Code.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Daily Med a resource offered by U.S. National Library of Medicine, National Institutes of Health, Department of Health & Human Services.

Decision rationale: According to the Daily Med, ULTRACETÂ® contains tramadol HCL and acetaminophen. Acetaminophen has been associated with cases of acute liver failure, at times resulting in liver transplant and death. Most of the cases of liver injury are associated with the use of acetaminophen at doses that exceed 4,000 milligrams per day, and often involve more than one acetaminophen-containing product ULTRACETÂ® is indicated for the short-term (five days or less) management of acute pain. The MED for up to 4 pills per day is 30 mg per day. The potential acetaminophen load is 1300 mg per day. It is recommended (or no more than 5 days for acute pain). Therefore, this is chronic usage for this claimant, with a date of injury in

1997, which is not substantiated. Ultracet should not be abruptly discontinued. Therefore, forty (40) pills were certified for weaning and the other eighty (80) pills were denied.

Voltaren gel 11% #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The Chronic Pain Guidelines indicate that that there is little evidence to utilize topical non-steroidal anti-inflammatory drugs (NSAIDs) for the treatment of osteoarthritis of the spine, hip or shoulder. The guidelines also indicate that for neuropathic pain, it is not recommended as there is no evidence to support use. The FDA-approved agents: VoltarenÂ® Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The maximum dose should not exceed 32 g per day (8 g per joint).