

Case Number:	CM13-0041150		
Date Assigned:	12/20/2013	Date of Injury:	04/11/2012
Decision Date:	03/05/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/21/2013

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 Internal Medicine 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:

This patient is a 50 year old male with a date of injury of 4-11-12. Primary diagnosis is shoulder region disorder. Mechanism of injury was loss of balance and fall. A progress report 09-12-13 by [REDACTED] documented subjective complaints including right shoulder pain 7-8/10. Objective findings included BP 157/107, right upper extremity abducts 100 degrees. Diagnoses were rotator cuff tear, discogenic cervical condition, depression, hypertension. Treatment plan included Neurontin, Norco, Hydrochlorothiazide, Naproxen, Remeron for insomnia and depression, Tramadol. The progress report 09-19-13 by [REDACTED] documented Subjective complaints including right shoulder pain 7-8/10, feels depressed sometimes. Objective findings included BP 155/101, right shoulder tenderness. Diagnoses were rotator cuff tear, discogenic cervical condition, depression, hypertension. Treatment plan included continuation of medications and right shoulder arthroscopic surgery 09-23-13. A progress report 09-30-13 by [REDACTED] documented BP 160/97. Physical examination noted good grip strength, no significant erythema, swelling, infection. Treatment plan included Norco, Tramadol, Protonix, Flexeril, Naproxen, Mirtazapine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Tramadol, pages 93-94 Page(s): 93-94. Decision based on Non-MTUS Citation FDA Prescribing Information for Tramadol

Decision rationale: MTUS guidelines state that tramadol may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Prescription is not recommended for patients that are at risk for suicide or addiction. Tramadol may produce life-threatening serotonin syndrome, in particular when used concomitantly with SSRIs, SNRIs, TCAs, and MAOIs, and triptans or other drugs that may impair serotonin metabolism. The FDA information indicates that mirtazapine should not be used serotonin pre-cursors or other serotonergic drugs such as tramadol. The patient has been diagnosed with depression and has been prescribed Remeron (Mirtazapine) and Norco (Hydrocodone/Acetaminophen). MTUS guidelines and FDA prescribing information warn against the prescribing of Tramadol in combination with Opioids (Norco) and Remeron (Mirtazapine). Furthermore, Tramadol should be avoided in patients with depression. Therefore, Tramadol is not recommended in this case.

Protonix 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs and GI symptoms, pages 68-69 Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Proton Pump Inhibitors (PPI)

Decision rationale: The ODG indicates that PPI are prescribed to patients at risk for gastrointestinal events. The MTUS state that risk factors included age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant or a high dose/multiple NSAIDs. The patient is 50 years old, with no history of peptic ulcer, GI bleeding or perforation. Progress notes do not document the use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID. Therefore, patient has no risk factors. Therefore, Proton pump inhibitors (PPIs), such as Protonix, are not medically necessary. Furthermore, the patient has hypertension with elevated blood pressure measurements, and is taking Hydrochlorothiazide diuretic. Therefore, NSAIDs are not recommended. Therefore, there is no need for Protonix.

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42 Page(s): 41-42. Decision based on Non-MTUS Citation www.drugs.com

Decision rationale: The patient has been prescribed Remeron (Mirtazapine) and Norco (Hydrocodone/Acetaminophen). MTUS guidelines states that the addition of cyclobenzaprine to other agents is not recommended. Therefore, the addition of cyclobenzaprine to the patient's current medications, Mirtazapine and Norco, is not recommended. MTUS guidelines notes that cyclobenzaprine is closely related to the tricyclic antidepressants. Major drug interactions exist between cyclobenzaprine and mirtazapine. Concomitant use of agents with serotonergic activity such as mirtazapine and cyclobenzaprine is not recommended.

Naproxen sodium 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, Hypertension and Renal Function, page 69 Page.

Decision rationale: The patient has hypertension and elevated blood pressure measurements. NSAIDs can worsen hypertension and are not recommended. In addition, NSAIDs impair the effectiveness of hydrochlorothiazide, which has been prescribed to the patient. Therefore, the addition of naproxen is not recommended.