

Case Number:	CM13-0055709		
Date Assigned:	05/21/2014	Date of Injury:	09/23/2010
Decision Date:	07/11/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/21/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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/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 74 year old female who was injured on 9/23/2010. The diagnoses are bilateral carpal tunnel syndrome, right shoulder impingement syndrome and right shoulder arthritis. There are associated diagnoses of stress, insomnia, diabetes and asthma. Physical therapy treatment did not help in 2013 but the patient started another set of PT at [REDACTED] in September 2013. The past surgery history is significant for bilateral carpal tunnel surgeries and right shoulder rotator cuff repair. On 4/2/2013, [REDACTED] documented subjective complaints of right shoulder pain and objective findings of tenderness at the shoulder area. The patient had not worked since December 2013. The provider stated that he would not give the patient a prescription for Norco based on her history but the reason was not specified. The patient was given a prescription for Tramadol ER 150mg and LidoPro cream. Other medications listed are Naproxen and Norco for pain and Protonix for prophylaxis against NSAID induced gastritis. A Utilization Review determination was rendered on 11/12/2013 recommending non certification for Protonix 20mg #60, naproxen 550mg #60 and Norco 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20 MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 68-71.

Decision rationale: The California MTUS addressed the use of NSAIDs in the treatment of chronic musculoskeletal pain. The chronic use of NSAIDs can lead to adverse gastrointestinal complications. The incidence of these complications are increased in patients who are more than 65 years old and have a history of peptic ulcer or prior NSAID related complications. The guideline recommend that the use of NSAIDs should be limited to the lowest effective dose for the shortest period to reduce these complications. The record indicate that the patient is 74 years old. She was peviously treated with Celebrex. She has a history of co-existing diabetes mellitus and asthma which may further increase the risk of NSAID related complications. The criteria for the use of Protonix 20mg #60 was met.

NORCO 10/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 91.

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

Decision rationale: The California MTUS addressed the use of opioids for the treatment of chronic musculoskeletal pain. Opioid could be utilized for the short term treatment of severe pain during acute injury and periods of exacerbations of chronic pain that is non responsive to standard NSAIDs, physical therapy and exercise. The record indicated that [REDACTED] did not intend to continue the patient on Norco based on her history which the doctor did not specify. The patient was started on Tramadol ER 150mg on 4/2/2014. The criteria for continual treatment with Norco 10/325 #60 was not met.

NAPROXEN 550 MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67-73.

Decision rationale: The California MTUS addressed the use of NSAIDs in the treatment of chronic musculoskeletal pain. The chronic use of NSAIDs can lead to cardiovascular, renal and gastrointestinal complications. It is recommended that the use of NSAIDs be limited to the lowest effective dose for the shortest period during acute injury and exacerbation of musculoskeletal pain. The medical records indicated that the patient had prior treatment with Clebrex. She is utilizing the Naproxen medication intermittently. The criteria for treatment with Naproxen 550mg #60 was met.