

Case Number:	CM14-0003067		
Date Assigned:	01/29/2014	Date of Injury:	01/01/1994
Decision Date:	06/19/2014	UR Denial Date:	12/28/2013
Priority:	Standard	Application Received:	01/08/2014

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 and Pain Medicine, and is licensed to practice in 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 injured worker is a 47 year old female who reported an injury on 1/1/94; the mechanism of injury was cumulative in nature. The injured worker was being seen for pharmacological re-evaluation. It was documented that the injured worker complained pain to the right arm that lasted all night and was worsening without the use of Lidoderm patches and Ultram. She reported that the pain was rated at 8/10. The prescribed medications included aspirin 81mg, atenolol 25mg, Biofreeze as needed, Cozaar 25mg, Lidoderm patches 5%, Motrin 800mg, and Ultram 50mg. The physical examination revealed tenderness over the extensor tendon complexes at the radial heads bilaterally. Her motor strength was documented as 4/5. The sensory examination revealed decreased sensation in digits one and two of the left hand, and positive Cozen's and positive Mill's tests for pain in the left and right elbow. The diagnosis was documented as overuse syndrome in the upper extremities (extensor tendinitis). The treatment plan/discussion included the referral to another physician to evaluate for possible developing carpal tunnel syndrome. It also included the resubmission of authorization for Ultram, Lidoderm patches, and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 40MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS-GIT SYMPTOMS & CARDIOVASCULAR RISK, 68

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK, 68

Decision rationale: The California MTUS guidelines state that Protonix is recommended for patients with risk factors for GI events, including (1) being over 65 years of age; (2) having a history of peptic ulcer, GI bleeding or perforation; (3) concurrently using of ASA, corticosteroids, and/or an anticoagulant; or (4) taking high dose/multiple NSAIDs (e.g., NSAID + low-dose ASA). Within the clinical notes, it is documented that the injured worker is taking aspirin 81mg along with motrin 800mg on a daily basis. The provider noted that the injured worker would most likely have gastritis due to ibuprofen usage and recommended the injured worker utilize the medication judiciously. There was a lack of documentation indicating the injured worker had significant gastrointestinal symptoms. It did not appear that the injured worker had a history of peptic ulcer, GI bleed, or perforation. As such, the request is not medically necessary.

ULTRAM 50MG #240: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 79,80,81

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , OPIOIDS, SPECIFIC DRUG LIST, 84, 94-95

Decision rationale: The California MTUS guidelines state that a recent Cochrane review found that Tramadol (Ultram) decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In the clinical note, it was documented that the injured worker had been prescribed Ultram for an extended period of time. The efficacy of the medication was not adequately documented within the medical records. As such, the request is not medically necessary.

LIDODERM PATCH 5% #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL LIDOCAINE/ANTI-EPILEPSY DRUGS (AEDs), 56,57

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , TOPICAL ANALGESICS, 111-112

Decision rationale: The California MTUS guidelines state that Lidoderm patches are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED). It is not recommended for non-neuropathic pain. The clinical note did not indicate that the injured worker had a diagnosis of neuropathic pain. It was unclear if the injured worker underwent therapy with any of the recommended first line of therapy prior to the request for Lidoderm. As such, the request is not medically necessary.