

Case Number:	CM14-0101137		
Date Assigned:	07/30/2014	Date of Injury:	03/17/2011
Decision Date:	10/14/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/01/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 55 year old male with complaints of left shoulder, left neck, and headache pain. The date of injury is 3/17/11 and the mechanism of injury is not elicited. At the time of request for the following: 1. Anaprox 550mg 1 month supply 2. Neurontin 600mg one month supply 3. Prilosec 20mg one month supply 4. Ultram 50mg one month supply, there is subjective (left neck pain, left shoulder pain, headache pain) and objective (tenderness and hypertonicity cervical spine, myofascial trigger point present trapezius on both sides, positive neers, speed's, and O'Brien's tests left shoulder) findings, imaging findings (none submitted), diagnoses (left shoulder tenosynovitis, cervicalgia, cervical muscle spasms, cervical myalgia/myofasciitis, headaches, thoricalgia), and treatment to date (medications, surgery). There is inconsistent evidence for the use of NSAID medications to treat long term neuropathic pain. However, they may be useful to treat mixed pain conditions such as osteoarthritis and neuropathic pain combination. The lowest possible dose should be used in attempt to avoid adverse effects. AEDs or drug class known as anticonvulsants are recommended for neuropathic pain. There are randomized controlled trials for the use of the class of medications for the treatment of neuropathic pain studied mostly from post herpetic neuralgia and diabetic neuropathy patients. The addition of a PPI in the setting of long term NSAID use may be indicated if gastrointestinal symptoms are present. Tramadol has mu-agonist activity as well tri-cyclic characteristics and should be managed according to guidelines set for the prescribing of opioids. There are many documented cases of dependency and abstinence syndrome associated with Tramadol. Per MTUS-Chronic Pain Medical Treatment Guidelines, establishment of a structured opioid prescribing program is strongly recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg x one month supply: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per MTUS-Chronic Pain Medication Treatment Guidelines, there is inconsistent evidence for the use of these medications to treat long term neuropathic pain. However, they may be useful to treat mixed pain conditions such as osteoarthritis and neuropathic pain combination. The lowest possible dose should be used in attempt to avoid adverse effects. There is documentation of efficacy of pharmacologic therapy in the medical records provided. Therefore, naproxen 550mg is medically necessary.

Neurontin 600mg x one month supply: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drug (AEDs) Page(s): 16-18.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, AEDs or drug class known as anticonvulsants are recommended for neuropathic pain. There are randomized controlled trials for the use of the class of medications for the treatment of neuropathic pain studied mostly from post herpetic neuralgia and diabetic neuropathy patients. However, the documentation does not support the indication for Neurontin. Therefore, the request for Neurontin 600mg is not medically indicated.

Prilosec 20mg one month supply: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain(Chronic), Proton Pump Inhibitors(PPIs)

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, the addition of a PPI in the setting of long term NSAID use may be indicated if gastrointestinal symptoms are present which there documentation of NSAID induced gastritis is in this particular case. In this case, there is documentation to support the continued use of NSAID and associated gastrointestinal symptoms. Therefore, the request for Prilosec 20mg is medically necessary.

Ultram 50mg one month supply: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: Tramadol has mu-agonist activity as well tri-cyclic characteristics and should be managed according to guidelines set for the prescribing of opioids. There are many documented cases of dependency and abstinence syndrome associated with Tramadol. Per MTUS-Chronic Pain Medical Treatment Guidelines, establishment of a structured opioid prescribing program is strongly recommended. As there is documentation of efficacy of treatment with tramadol and adequate surveillance recorded in the medical records provided, this medication is medically necessary.