MAXIMUS Federal Services

Case Number:	CM14-0103585		
Date Assigned:	09/16/2014	Date of Injury:	10/04/2010
Decision Date:	10/15/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/03/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Philadelphia, Ohio, Michigan, and Texas. 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 44-year-old female who sustained a 10/04/2010 cumulative injury from repetitive work. The submitted diagnoses include: carpal tunnel syndrome, rule out cervical radiculopathy, wrist pain, depression and insomnia. A progress report dated 05/07/2014 documented the injured worker complaining of pain in bilateral upper extremities with radicular pain to the elbows rating 8/10 and varies with weather. The injured worker is status post right rotator cuff surgical repair. A diagnosis of repetitive trauma to the upper extremity with associated myofascial pain and bilateral epicondylitis is noted. A request is made for the following prescribed medications: Norco 10/325mg mg. one (1) twice a day) # 60, Tramadol 50 mg. (1) one twice a day, Prilosec 20 mg. one (1) twice a day # 60 and was not certified on 06/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg one (1) BID (2 times per day) # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The requested Norco 10/325, One tab BID (Twice daily) is not medically necessary as there is insufficient documentation of functional improvement attributable to this prescribed mild opioid analgesic medication. Additionally there is no submitted documentation of the "4 A's" of opioid management as per the CA-MTUS Guidelines on page 78: "The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000).

Tramadol 50 mg one (1) BID (2 times a day): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82.

Decision rationale: The requested tramadol 50mg tabs, one tab twice a day is not medically necessary because according to the CA-MTUS Chronic Pain Guidelines this opioid analgesic medication is for 2nd line use. On page 78, the CA-MTUS Guidelines states: "Opioids for neuropathic pain Not recommended as a first-line therapy. Opioid analgesics and tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. (Dworkin, 2007) Response of neuropathic pain to drugs may differ according to the etiology of therapeutic pain." Additionally there is no submitted rationale for prescribing both of the analgesic medications Norco and tramadol simultaneously.

Prilosec 20 mg one (1) BID (2 times a day) # 60: Upheld

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

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

Decision rationale: The requested Prilosec (Omeprazole) is a proton pump inhibitor (PPI) and is medically indicated for prevention of gastrointestinal events. There are no documented gastrointestinal events. As the CA-MTUS is silent regarding this matter, ODG guidelines is utilized instead, which states: Recommended for patients at risk for gastrointestinal events. See NSAIDs, GI symptoms & cardiovascular risk. Prilosec (omeprazole), Prevacid (lansoprazole)

and Nexium (esomeprazole magnesium) are PPIs. Omeprazole provides a statistically significantly greater acid control than lansoprazole. (Miner, 2010) Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. For many people, Prilosec is more affordable than Nexium. Nexium is not available in a generic.