MAXIMUS Federal Services

Case Number:	CM14-0140402		
Date Assigned:	09/22/2014	Date of Injury:	04/12/2011
Decision Date:	11/03/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/29/2014

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 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 63-year-old male who reported a date of injury of 04/12/2011. The mechanism of injury was not indicated. The injured worker had diagnoses of brachial plexus lesions, unspecified arthropathy in the shoulder region, shoulder region joint pain, cervicalgia, and unspecified synovitis and tenosynovitis. Prior treatments included physical therapy. The injured worker had an unspecified cervical imaging study on 03/23/2012 with an unofficial report indicating C3-4 severe left foraminal stenosis, moderate right stenosis, mild cord compression, C4-5 central canal stenosis, mild cord compression, severe right foraminal stenosis, and moderate to severe left neural foraminal stenosis. Surgeries were not indicated within the medical records provided. The injured worker had complaints of pain with burning sensations of the right arm muscle and the right side of the neck. The clinical note dated 02/12/2014 noted the injured worker had moderate tenderness over the right supraclavicular area, moderately restricted movement of the head and neck, with pain elicited in all directions. There was tenderness to palpation to the injured worker's supraclavicular notch, right pectoralis minor, right trapezius, right scalenus with muscle twitch response of the right upper extremity; a positive Tinel's, limited range of motion of the right shoulder and neck. Strength of the right upper extremity was 4/5 and the injured worker had a positive Adson's maneuver on the right. Medications included gabapentin and Voltaren. The treatment plan included gabapentin, Voltaren, and the physician recommendation for an MRI of the brachial plexus, and a physical therapy evaluation and treatment. The rationale and request for authorization form were no provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER 100 mg RETRO MEDS (DOS- 2/12/2014 & 3/28/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 67-68.

Decision rationale: The injured worker had complaints of pain with burning sensations of the right arm muscle and the right side of the neck. The California MTUS Guidelines recommend NSAIDs at the lowest dose for the shortest period of time in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is inconsistent evidence for the use of NSAID's to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis and other nociceptive pain and neuropathic pain. There is a lack of documentation indicating the injured worker failed a first line of treatment with Acetaminophen, for which the guidelines recommend. Furthermore, the request as submitted did not specify a frequency of the medications use. As such, the request is not medically necessary.

Tramadol HCL ER 150 mg RETRO MEDS (DOS- 2/12/2014 & 3/28/14): Upheld

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

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

Decision rationale: The injured worker had complaints of pain with burning sensations of the right arm muscle and the right side of the neck. The California MTUS Guidelines state tramadol is 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. Recent consensus guidelines stated that opioids could be considered first line therapy for the following circumstances to include prompt pain relief while titrating a first line drug, treatment of episodic exacerbations of severe pain, treatment of neuropathic cancer pain. Response of neuropathic pain to drugs may differ according to the etiology of therapeutic pain. There is limited assessment of effectiveness of opioids for neuropathic pain, with short term studies showing contradictory results and intermediate studies demonstrating efficiency. Recent review found that tramadol decreased pain intensity, produced symptom relief, and improved function for a time period of up to 3 months but the benefits were small. Adverse events caused study participants to discontinue this medication, and could limit usefulness. There are no long term studies to allow for recommendations for longer than 3 months. The guidelines indicate tramadol is not recommended as a first line therapy but has been suggested as a second line

treatment alone or in combination with first line drugs. There is a lack of documentation the injured worker has failed a first line of treatment with non-opioid medications or, tramadol was being used in combination with first line drugs. Guidelines indicate tramadol is not for usage for neuropathic pain; however, the injured worker is noted to have neuropathy and radiculitis. Additionally, the request as submitted did not specify a frequency of the medications used. As such, the request is not medically necessary.

Pantoprazole Sodium Retro Meds (DOS- 2/12/2014 & 3/28/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISKS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Since the primary request is not medically necessary, the associated service is also not medically necessary.