

Case Number:	CM14-0155776		
Date Assigned:	09/25/2014	Date of Injury:	02/14/2004
Decision Date:	12/12/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/23/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 59 year old female with right shoulder pain status post-surgery in December 2013, left knee pain due to osteoarthritis status post meniscectomy, and right hand/wrist pain due to median neuropathy. She refuses injections and is on physical therapy and multiple medications for pain control. The last note of 8/18/2014 indicates pain levels of 5-6/10 and improvement with use of medications. The disputed issues pertain to use of Tramadol, Naproxen, Pantoprazole, and cyclobenzaprine. A UR recommended weaning of the Tramadol, and non-certification of Naproxen, Pantoprazole, and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg, #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, Tramadol Page(s): 74-96, 113.

Decision rationale: Tramadol is a centrally acting synthetic opioid which is not recommended as a first-line oral analgesic. Side effects are significant and long term use is not recommended. The documentation does not indicate a treatment plan, or failure of a trial of non-opioid

analgesics. There is no documentation of maintained increase in function and maintained pain relief. The average pain, the relief with opioids and the duration of the relief is not reported. Maintained increase in function is not reported. UR recommended weaning of the Tramadol. The request for Tramadol ER 150 mg. # 60 was not medically necessary.

Naproxen Sodium 550mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 and 68.

Decision rationale: The guidelines recommend the use of acetaminophen as the initial therapy for moderate pain, particularly in the presence of gastrointestinal, cardiovascular, or renovascular risk factors. NSAIDs are recommended for osteoarthritis for short term use and not long term as used here. The recommended dose is the lowest dose for the shortest period in patients with moderate to severe pain. Therefore the request for Naproxen sodium 550 mg. # 90 was not medically necessary.

Pantoprazole 20mg, #90: Upheld

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

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

Decision rationale: The risk factors necessitating the use of Proton Pump Inhibitors with concurrent use of NSAIDs include age over 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant or high dose/multiple NSAIDs. The available documentation does not support the presence of these risk factors and therefore the use of Proton Pump Inhibitors was not medically necessary. The request for Pantoprazole 20 mg. # 90 was therefore not medically necessary.

Cyclobenzaprine 7.5mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine Page(s): 64.

Decision rationale: The California MTUS guidelines recommend use of Cyclobenzaprine for a short course of therapy. The evidence does not allow for a recommendation for chronic use. Therefore the request for Cyclobenzaprine 7.5 mg. # 90 was not medically necessary.

