

Case Number:	CM14-0159578		
Date Assigned:	10/03/2014	Date of Injury:	01/01/2011
Decision Date:	11/10/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/29/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and elbow pain reportedly associated with an industrial injury of January 1, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; earlier shoulder surgery; unspecified amounts of physical therapy; and reported return to regular duty work. In a Utilization Review Report dated September 9, 2014, the claims administrator denied a request for Diclofenac, Ultram, Prilosec, and Trazodone. The applicant's attorney subsequently appealed. In a September 2, 2014 progress note, the applicant reported 2-3/10 pain with medications versus 6/10 without medications. The applicant was doing home exercises. The applicant was limited in terms of certain household chores, including yard work, secondary to pain. The applicant was return to regular duty work despite ongoing symptoms. Oral Voltaren was endorsed. Extended release Ultram was reportedly controlling the applicant's pain well. Prilosec was endorsed, apparently for gastric protective purposes. Trazodone was endorsed for insomnia complaints. It was reiterated that medications were alleviating the applicant's pain complaints. In a June 17, 2014 progress note, the applicant was described as working regular duty as a stocker. 2/10 pain was noted with medications versus 6/10 pain without medications. The applicant denied any side effects from medications; it was stated in one section of the note, while another section of the note stated that the applicant had issues with unspecified gastritis and duodenitis. Naprosyn, Flexeril, tramadol, and Terocin were prescribed. The applicant was returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100 Mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Anti-inflammatory Medications Page(s).

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Diclofenac do represent a traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate applicant-specific variables such as "other medications" into his choice of recommendations. In this case, the applicant was given a prescription for Naprosyn on June 17, 2014 and a prescription for extended release Diclofenac on August 5, 2014. Given the close proximity of these dates of service, it appears that the applicant was, in fact, using two separate NSAIDs in combination. No rationale for selection and/or ongoing usage of two separate NSAID medications, Diclofenac and Naprosyn, was proffered by the attending provider. Therefore, the request is not medically necessary.

Ultram ER 150 Mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is reportedly deriving appropriate analgesia with ongoing Ultram usage as evinced by a drop in pain scores from 6/10 without medications to 2/10 with medications. The applicant has returned to and is maintaining regular duty work status with ongoing usage of Ultram (tramadol). Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

Prilosec 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants at heightened risk for gastrointestinal events who may qualify for prophylactic usage of proton pump inhibitors include those applicants who are using multiple NSAIDs. In this case, the applicant is, in fact, concurrently using multiple NSAIDs, namely Diclofenac and Naprosyn. Prophylactic usage of a proton pump inhibitor, Prilosec, is therefore indicated. Accordingly, the request is medically necessary.

Trazadone 50 Mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment topic.

Decision rationale: While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend usage of antidepressants such as Trazodone as a first-line option for neuropathic pain, the MTUS does not specifically address the topic of Trazodone usage for insomnia, as is present here. As noted in ODG's Chronic Pain Chapter Insomnia Treatment topic, sedating antidepressants such as Trazodone have also been used to treat insomnia, despite a relative paucity of evidence to support their usage. In this case, the request in question appears to represent a first-time request for the same. A trial of Trazodone is therefore indicated, despite the tepid ODG position on the same. Therefore, the request is medically necessary.