

Case Number:	CM14-0183157		
Date Assigned:	11/10/2014	Date of Injury:	02/22/2013
Decision Date:	12/30/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/04/2014

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 Family 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:

Injured worker was a 51-year old female whom experienced an industrial injury 02/22/13. She reported moderate right shoulder pain and severe right elbow and wrist pain. The injured worker had undergone therapy, injections, bracing, non-steroidal anti-inflammatory medications, and right carpal tunnel release. She takes Tramadol 150 mg twice per day, Xanax 1 mg at bedtime, Naprosyn 550 mg twice per day, and Prozac 20 mg once per day. Upon objective examination, she has full range of motion of her neck with some swelling posteriorly over the C6-7 and T1 levels. Diagnoses were complete rotator cuff rupture, osteoarthritis in the shoulder region, lateral epicondylitis, ulnar collateral ligament sprain, carpal tunnel syndrome, anxiety state, insomnia, other postprocedural status, other affection of shoulder region, sprains/strains of unspecified site of elbow and forearm, adhesive capsulitis of shoulder, and other tenosynovitis of hand and wrist, other joint derangement involving the forearm, radial styloid tenosynovitis, disorders of bursae and tendons in the shoulder region.

IMR ISSUES, DECISIONS AND RATIONALES

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

1Retrospective prescription for 60 tablets of Xanax 1mg between 10/7/2014 and 10/7/2014:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A, ODG Workers' Compensation Drug Formulary, Xanax; per ODG website

Decision rationale: Xanax (Alprazolam) belongs to a group of drugs called benzodiazepines. Guidelines do not recommend long-term use of benzodiazepines due to the unproven efficacy of long term use. Guidelines limit the use to 4 weeks and do not recommend them overall due to rapid development of tolerance and dependence. The request for Xanax is not medically necessary or reasonable due to lack of guideline support for long term use.

1 Retrospective prescription for 60 tablets of Tramadol 150mg between 10/7/2014 and 10/7/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 29, 75. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A, ODG Workers' Compensation Drug Formulary, Tramadol; per ODG website.

Decision rationale: Guidelines note that opiates are indicated for moderate to moderately severe pain. Opioid medications are not intended for long term use. As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related 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. In this case, patient has been on opiates long term. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue. Additionally, within the medical information available for review, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used. Therefore, the request for Tramadol is not medically necessary.

1 Retrospective prescription for 90 capsules of Prilosec 20mg between 10/7/2014 and 10/7/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A, ODG Workers' Compensation Drug Formulary, Prilosec; per ODG website.

Decision rationale: The cited guidelines mention that it should be determined if gastrointestinal events are a risk for the patient. Determination includes: 1. Over 65 years old; 2. History of peptic ulcer, GI bleeding or perforation; 3. Concurrent use of ASA, corticosteroids and/or an anticoagulant; or 4. High dose/multiple NSAID usage. Long term PPI use over a year has been shown to increase the risk of hip fracture. This patient is not at intermediate risk of GI event and the request for Prilosec is not medically necessary or reasonable.

1 Retrospective prescription for Naproxen 550mg between 10/7/2014 and 10/7/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 - Pain Interventions and Treatments Page(s): 68-69, 71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A, ODG Workers' Compensation Drug Formulary, Naproxen; per ODG website.

Decision rationale: NSAIDs are recommended as an option for short-term symptomatic relief and they are indicated for acute mild to moderate pain. All NSAIDs have US Boxed Warnings for risk of adverse cardiovascular events and GI symptoms. Other disease-related concerns include hepatic and renal system compromise. Besides the above well-documented side effects of NSAIDs, there are other less well-known effects of NSAIDs, and the use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with treatment goals. The request is not reasonable as patient has been on long term NSAID without any documentation of significant derived benefit through prior long term use. The request for Naproxen is not medically necessary.