

Case Number:	CM14-0021851		
Date Assigned:	05/07/2014	Date of Injury:	12/11/2009
Decision Date:	07/08/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/21/2014

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 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 50 year old female who sustained an injury on 12/11/09. No specifics regarding the mechanism of injury were noted. The patient was followed for ongoing complaints of neck pain and left shoulder and left upper extremity pain. Treatment to date included physical therapy and chiropractic sessions with no benefit. The patient attended massage and received muscular stimulation with limited benefit. The patient had been following the patient had been followed by [REDACTED] for ongoing pain management. The patient was also seeing a psychologist for ongoing depression and anxiety issues. As of 12/31/13 the patient continued to report severe left shoulder pain 10/10 at VAS. This was reduced somewhat with Norco to 5/10 which allowed the patient to continue working. The patient had continuing depression symptoms secondary to chronic pain. On physical examination there was limited range of motion in the left upper extremity on abduction to 150 degrees. Medications included Effexor for depression. The patient was also being prescribed Norco 10/325mg for pain Flexeril 7.5mg for spasms naproxen 550mg and Protonix 20mg. The patient was recommended to initiate Ultram 50mg for pain as needed. On 01/31/14 the patient continued to complain of left shoulder pain. Physical examination findings remained unchanged. The patient followed up on 03/13/14. The patient indicated she was not currently taking muscle relaxers and was continuing with psychotherapy. Physical examination noted worsening abduction to 120 degrees in the left shoulder. Mild weakness was present on resistance. Impingement signs were mildly positive to the left shoulder. The patient was recommended to continue utilizing Norco and Ultracet for pain and Protonix for upset stomach. The patient was also recommended to continue with naproxen and Flexeril. As of 04/14/14 the pain levels were 6-7/10 on VAS decreased with Norco. On physical examination

abduction in the left shoulder was 150 degrees. Tramadol 50mg #60 Protonix 20mg #60 tramadol 50mg #60 prescribed 01/31/14 Protonix 20mg #60 prescribed on 01/31/14 were denied by utilization review on 02/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50 MILLIGRAMS(MG) QUANTITY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 88-89.

Decision rationale: In regards to the request for Tramadol 50mg quantity 60, this request is not medically necessary based on clinical documentation submitted for review and current evidence based guidelines. Tramadol can be considered an option in the treatment of moderate to severe musculoskeletal pain. Guidelines recommend that there be ongoing assessments regarding the efficacy of tramadol in terms of functional improvement and pain reduction. The patient was utilizing tramadol in conjunction with Norco. From the clinical records there were notations regarding the efficacy of Norco in addressing pain and allowing the patient to continue to work however the clinical records did not specifically identify any functional benefit or pain reduction attributed to Tramadol to have warranted its ongoing use. Given the absence of any clear functional benefit or pain reduction with the continuing use of tramadol this request is not medically necessary.

PROTONIX 20 MILLIGRAMS(MG) QUANTITY: 60.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors.

Decision rationale: In regards to the request for Protonix 20mg quantity 60, this request is medically necessary based on clinical documentation submitted for review and current evidence based guidelines. The patient has been an increased risk for gastrointestinal side effects due to ongoing use of muscle relaxers and anti-inflammatories and narcotics. It appears that the patient it does the clinical notes indicate stomach upset with use of medications. Protonix is a proton pump inhibitor to prevent the development of gastritis or dyspepsia with medication use as indicated and medically appropriate. Therefore this request is medically necessary.

TRAMADOL 50 MILLIGRAMS(MG)DISPENSED ON 01/31/14 QUANTITY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Tramadol 50mg quantity 60 prescribed on 01/31/14, this request is not medically necessary based on clinical documentation submitted for review and current evidence based guidelines. Tramadol can be considered an option in the treatment of moderate to severe musculoskeletal pain. Guidelines recommend that there be ongoing assessments regarding the efficacy of tramadol in terms of functional improvement and pain reduction. The patient was utilizing tramadol in conjunction with Norco. From the clinical records there were notations regarding the efficacy of Norco in addressing pain and allowing the patient to continue to work however the clinical records did not specifically identify any functional benefit or pain reduction attributed to Tramadol to have warranted its ongoing use. Given the absence of any clear functional benefit or pain reduction with the continuing use of tramadol this request is not medically necessary.

PROTONIX 20 MILLIGRAMS(MG) DISPENSED ON 01/31/14 QUANTITY: 60.00:
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