

Case Number:	CM14-0040895		
Date Assigned:	06/27/2014	Date of Injury:	06/20/2011
Decision Date:	08/25/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 62-year-old male who was reportedly injured on 6/20/2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated 2/17/2014, indicated that there were ongoing complaints of low back pain, left elbow and left wrist numbness and tingling and left foot pain. The physical examination demonstrated antalgic gait and the injured employee utilized a cane, was able to perform heel/toe walk on the right and unable to do so on the left. The injured employee was unable to perform squats. Lumbar spine on visual inspection revealed a mechanical scoliotic curvature convexity to the left. Shoulders were down sloping level. There were surgical scars along the left foot and left wrist. There was positive tenderness to palpation to the lower lumbar region at L4-L5. Left Achilles reflex was 0; right was +2. Left lower extremity hyperesthesia noted at L4, L5, and S1. Left lower extremity muscle weakness was noted. Left side straight leg raise at 40 and reproduced a Grade I radicular component. Left ankle pain associated with recent surgery. Left elbow tenderness was along the olecranon process. Phalen's and reverse Phalen's tests were positive for sensory loss along the left ulnar nerve distribution for the left wrist. Left ankle had swelling along the lateral malleolus as well as along the medial malleolus. Swelling noted into the tarsal and metatarsals. Motion was restricted as above with associated muscle weakness and still required additional exercise rehabilitation. No recent diagnostic studies were available for review. Previous treatment included previous surgery, physical therapy, medications, and conservative treatment. A request was made for Norco 10/325mg #90, Paroxetine 20mg #60, Protonix 20mg #60, Tramadol ER 150mg #30, and was not certified in the pre-authorization process on 3/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78-82, and 93-94. Decision based on Non-MTUS Citation Physicians' Desk Reference Edition, 2013.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: California Medical Treatment Utilization Schedule chronic pain treatment guidelines support the use of Tramadol (Ultram) for short-term use, after there has been evidence of failure of a first-line option, evidence of moderate to severe pain and documentation of improvement in function with the medication. A review of the available medical records failed to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Physicians Desk Reference.

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

Decision rationale: Protonix (Pantoprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. California Medical Treatment Utilization Schedule 2009 Chronic Pain Treatment Guidelines recommend proton pump inhibitors for patients taking non-steroidal anti-inflammatory drugs with documented gastrointestinal distress symptom(s). After review of the medical records provided, there was no documentation of intolerance to non-steroidal anti-inflammatories or current GI issues. Therefore, this request is deemed not medically necessary.

Norco 10/325mg #90: 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 Page(s): 74-78.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short-acting opioid combined with Acetaminophen. California Medical Treatment Utilization Schedule supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of

opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain in multiple musculoskeletal body parts; however, there was no clinical documentation of improvement in the pain or function with the current regimen. As such, this request is not considered medically necessary.

Paroxetine 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14, 16. Decision based on Non-MTUS Citation Physicians' Desk Reference.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

Decision rationale: SSRIs (selective serotonin reuptake inhibitors) such as Paroxetine are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants, that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. After reviewing the medical records provided, it was noted that the injured worker has had referrals to a psychologist. There was no current documentation stating a mental illness in which this medication would be appropriate for. Also, there was no documentation of radicular pain on physical exam. The patient may likely benefit from this, but without supporting documentation of objective clinical findings on physical exam, or subjective complaints in the history of present illness, this request cannot be authorized. Therefore this request is deemed not medically necessary.