

Case Number:	CM14-0065436		
Date Assigned:	07/11/2014	Date of Injury:	03/02/2012
Decision Date:	09/17/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	05/08/2014

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, Pain 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 injured worker is a 60-year-old female who reported an injury on 03/02/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 06/27/2014 indicated diagnoses of left shoulder rotator cuff tendonitis with restricted motion, cervical radiculitis, and right ankle sprain with tarsal tunnel syndrome. The injured worker reported modest pain that involved the right shoulder with restricted motion. The injured worker reported the injection did result in a moderate decrease in the pain that lasted a couple of weeks. The injured worker reported persistent swelling involved in the ankle towards the end. She reported she used an ankle brace as much as possible. The injured worker's past surgical history included 3 back surgeries in 1999, an appendectomy in 1997, hernia repair in 1997, hysterectomy in 1998, and bilateral carpal tunnel release in 1999. The injured worker's physical examination revealed compromise in the range of motion of the shoulder, with crepitance present with active range of motion of the left shoulder, tenderness about the left shoulder with moderate crepitance with active shoulder motion; however, no suggestion of shoulder instability. Examination of the injured worker's ankle revealed tenderness to the medial surface of the ankle, directly over the tarsal tunnel. The injured worker's Tinel's sign was negative. Stress testing of the ankle with eversion resulted in moderate ankle discomfort, and there was swelling about the ankle. The injured worker's treatment plan included refill of medications, including Voltaren, Protonix, Norco, and Ultram; orthopedic surgical consultation, foot and ankle specialist consultation, and followup. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Voltaren, Protonix, Ultram, and Norco. The provider submitted a request for the above medications. A Request for Authorization dated 03/14/2014 was submitted; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 100mg #30: 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 Topical Analgesics Page(s): 111.

Decision rationale: The request for Voltaren 100 mg #30 is not medically necessary. The California MTUS guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Voltaren 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment. Recommended for short-term use (4-12 weeks). It was not indicated how long the injured worker had been utilizing this medication; however, the injured worker has been utilizing this medication since at least 01/24/2014. This exceeds the guidelines recommendation for short-term use. In addition, there is a lack of documentation of efficacy and functional improvement with the use of this medication. Moreover, the request does not indicate a frequency for this medication. Therefore, the request for Voltaren is not medically necessary.

Protonix 20mg #60: Upheld

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

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

Decision rationale: The request for Protonix 20 mg #60 is not medically necessary. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for gastrointestinal bleeding or perforation or peptic ulcers. In addition, there was a lack of documentation of efficacy and functional improvement with the use of this medication. Moreover, the request did not indicate a frequency for the Protonix. Therefore, the request is not medically necessary.

Ultram ER 150mg #30: Upheld

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

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

Decision rationale: The request for Ultram ER 150 mg #30 is not medically necessary. The California MTUS guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors and side effects. In addition, it was not indicated how long the injured worker had been utilizing this medication. Moreover, the request did not indicate a frequency for this medication. Therefore, the request for Ultram ER 150 mg, 30 tablets, is not medically necessary.

Norco 5/325 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, and Opioids, criteria for use Page(s): 91,78.

Decision rationale: The request for Norco 5/325 mg #30 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors and side effects. In addition, it was not indicated how long the injured worker had been utilizing this medication. Moreover, the request did not indicate a frequency for this medication. Therefore, the request for Norco 5/325 mg, 30 tablets, is not medically necessary.