

Case Number:	CM14-0082726		
Date Assigned:	07/21/2014	Date of Injury:	02/29/2004
Decision Date:	08/27/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	06/04/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 49-year-old male who reported an injury on 02/29/2004 due to a machine at work jerking his right shoulder and arm, and further injuring the upper back. Surgical history included right shoulder rotator cuff repair and acromioplasty performed on 05/25/2005. The injured worker continued with home exercise, physical therapy, a cane, and a back brace. The injured worker was diagnosed with right shoulder pain, status post right shoulder surgery with rotator cuff repair and acromioplasty, right wrist, forearm, and elbow tendonitis with right carpal tunnel syndrome and cubital tunnel syndrome, insomnia, and secondary anxiety due to chronic pain from the above diagnosis, upper back/thoracic strain with thoracic radiculopathy with radiating pain to the anterior chest, and secondary depression due to chronic pain. On 04/09/2014, the physician noted the injured worker's right shoulder pain was increased by reaching above the shoulder level or during strenuous activity. The injured worker had mid back pain and upper back pain with radiation to the anterior chest wall. The physician noted the injured worker had anxiety and depression due to pain. The injured worker reported his pain level was 4-5/10 with medications and 10/10 without medications. The medication allowed the injured worker to do activities of daily living. The injured worker denied any side effects or any aberrant behavior. The provider indicated the injured worker was only prescribed opioid medications by one office and the medications lasted 30 days or longer at times and the injured worker did not require early refills. The physician noted the injured worker's mood and affect were mildly depressed. The physician was prescribing Norco as insurance would no longer cover Vicodin; also, the injured worker complained of heartburn while taking Vicodin. The physician also prescribed naproxen SA, Tizanidine, Xanax, Lunesta, Klonopin, Menthoderm gel and Clonidine. The physician was requesting the Butrans patch 10 mg (4 each), Naproxen SA 550

mg, Pantoprazole 20 mg, Xanax 0.5 mg 60 tablets, and a ThermaCare heat patch. The provider recommended Butrans patches as the injured worker has complaints of nausea and gastric distress due to past use of Vicodin. The Naproxen Sodium was used for pain and inflammation. Pantoprazole was being used instead of Nizatidine for heartburn related to the previous use of Vicodin. Xanax was used for anxiety due to pain. The ThermaCare patch was used at the mid-back area for pain control. A request for authorization form was signed on 04/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 10 meg #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BUPRENORPHINE Page(s): 26.

Decision rationale: The California MTUS Guidelines state that Buprenorphine is recommended for the treatment of opioid addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opioid addiction. The proposed advantages of the medication in terms of pain control include the following, no analgesic ceiling, a good safety profile, decreased abuse potential, and the ability to suppress opioid withdrawal, and an apparent hyperalgesia effect. Within the provided documentation there is no indication the injured is opioid dependent or has undergone detoxification. It is noted the physician wishes to prescribe this medication as the previous use of Vicodin caused heartburn. Norco had just been prescribed and there is a lack of documentation demonstrating significant gastrointestinal issues are present upon physical examination. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, Butrans Patch 10 mg #4 is not medically necessary.

Naproxen Sodium 550mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NAPROXEN Page(s): 66.

Decision rationale: The California MTUS Guidelines for Naproxen state this medication is a non-steroidal anti-inflammatory drug used for the relief of signs and symptoms of osteoarthritis. The Naproxen was substituted for Ketoprofen on 12/18/2013 for pain and inflammation. The range of motion improves with prescribed medications. Pain is 4-5/10 with medications and 10/10 without medications. There has been no improvement in condition from office visits of 12/18/2013 to 04/09/2014 raising questions as to the efficacy of this medication. The injured worker was not diagnosed with osteoarthritis. Given how long the injured worker has been

prescribed the medication, the continued use of the medication would exceed the guideline recommendations for a short course of treatment. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, Naproxen Sodium 550mg is not medically necessary.

Pantoprazole 20mg: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend the use of a proton pump inhibitor (such as Omeprazole) for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The physician indicated the injured worker reported heartburn related to Vicodin. The medication was changed to Norco and there is a lack of documentation demonstrating significant gastrointestinal issues are present upon physical examination. There is a lack of documentation indicating the injured worker has significant improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, Pantoprazole 20mg is not medically necessary.

Xanax 0.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS Guidelines do not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The range of action includes sedative/hypnotic, and anxiolytic, anticonvulsant, and muscle relaxant. Chronic Benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. The injured worker is diagnosed with anxiety and depression. The injured worker has been prescribed Xanax since at least 12/17/2013. The request for continued use of this medication would exceed the guideline

recommendation for a short course of treatment. There is a lack of documentation indicating the injured worker has significant anxiety for which medication would be indicated. There is a lack of documentation indicating the injured worker has significant improvement with the medication. The guidelines do not recommend the use of Xanax for the treatment of anxiety. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, Xanax 0.5mg #60 is not medically necessary.

Thermacare heat patch: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Heat Therapy.

Decision rationale: The Official Disability Guidelines note a number of studies show continuous low-level heat wrap therapy to be effective for treating low back pain. One study compared the effectiveness of the [REDACTED] Back Plaster, the [REDACTED] Warme-Pflaster, and the [REDACTED] ThermaCare Heat Wrap, and concluded that the ThermaCare Heat Wrap is more effective than the other two. Combining continuous low-level heat wrap therapy with exercise during the treatment of acute low back pain significantly improves functional outcomes compared with either intervention alone or control. The injured worker continues to have chronic low back pain. The guidelines recommend the use of ThermaCare heat wraps in the acute phase for low back pain. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the heat wraps. Additionally, the request does not indicate the frequency at which the wrap is to be applied, the site at which it is to be applied, and the number of wraps being requested in order to determine the necessity of the heat wraps. As such, ThermaCare heat patch is not medically necessary.