

Case Number:	CM14-0194220		
Date Assigned:	12/03/2014	Date of Injury:	01/23/2014
Decision Date:	01/16/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/20/2014

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:

This is a 71 year old male patient who sustained a work related injury on 1/23/14. Patient sustained the injury due to cumulative trauma. He has had an automobile accident on 10/1/11. The current diagnoses include sprain of the low back and shoulder. Per the doctor's note dated 11/13/14, patient has complaints of pain in bilateral shoulder, hand, and back at 4-8/10 with numbness, tingling and radiation of pain. Physical examination of the low back revealed tenderness on palpation, positive compression and Kemp's test and limited range of motion. Physical examination of the UE revealed limited range of motion, tenderness on palpation and positive Impingement, Apprehension and Apley's test. The current medication lists include Naproxen, Cyclobenzaprine, Prednisolone and Norco. The patient has had EMG/NCV on 2/28/14 that revealed L4-5 lumbar radiculopathy; MRI and X-ray of the low back that revealed no fracture and revealed degenerative changes; X-rays of the neck that revealed multi-level endplate osteophytes with mild C5-6 disc space narrowing, X-rays of the shoulders that revealed minimal degenerative changes, and X-rays of the back that revealed multilevel endplate osteophytes, some slight ridging of the T12 vertebral body, and moderate L5-S1 disc space narrowing. The patient's surgical history includes right eye cataract removal. The patient has received an unspecified number of the PATIENT and chiropractic visits for this injury. The patient has used a heat and cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix/Pantoprazole DR 20mg #60 DOS: 09/27/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton Pump Inhibitors (PPI's), Prilosec (Omeprazole)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events..... Patients at high risk for gastrointestinal events.....Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. Any current use of NSAIDs is not specified in the records provided. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for Protonix/Pantoprazole DR 20mg #60 DOS: 09/27/14 is not fully established in this patient.

Ultracet/Tramadol HCL 37.5/325 mg #60 DOS: 09/27/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics; Opioids for neuropathic pain Page(s): 75; 82.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultra) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [and] (3) treatment of neuropathic cancer pain." Per the doctor's note dated 11/13/14, patient has complaints of pain in bilateral shoulder, hand, and back at 4-8/10 with numbness, tingling and radiation of pain and physical examination of the low back revealed tenderness on palpation, positive compression and Kemp's test and limited range of motion and physical examination of the UE revealed limited range of motion, tenderness on palpation and positive Impingement, Apprehension and Apley's test. The patient has had diagnostic study that revealed degenerative changes and radiculopathy. Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. He is already taking a NSAID and a muscle relaxant. The patient has chronic pain and the patient's medical condition

can have intermittent exacerbations. This request for Ultracet/Tramadol HCL 37.5/325 mg #60 DOS: 09/27/14 is deemed as medically appropriate and necessary.

Urinalysis (for toxicology) DOS: 09/27/14: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary last updated 10/02/2014, Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: Per the CA MTUS guideline cited above, drug testing is "Recommended as an opatention, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the guideline cited below, drug testing is "The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment..... Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument.... Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results." As per records provided medication lists includes Norco. It is medically appropriate and necessary to perform a urine drug screen to monitor the use of any controlled substances in patients with chronic pain. It is possible that the patient is taking controlled substances prescribed by another medical facility or from other sources like - a stock of old medicines prescribed to him earlier or from illegal sources. The presence of such controlled substances would significantly change the management approach.The request for Urinalysis (for toxicology) DOS: 09/27/14 is medically appropriate and necessary in this patient.