

<b>Case Number:</b>	CM14-0198898		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Rehab, has a subspecialty in INTERVENTIONAL SPINE 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 patient is a 48 year old female with an injury date of 06/25/12. Based on the 11/16/14 progress report provided by treating physician, the patient complains of left shoulder and left elbow pain with tingling and numbness to the digits of her left hand. Physical examination to the left upper extremity on 11/16/14 revealed tenderness to palpation over the bicipital groove with some crepitanace with active shoulder motion. Modest tenderness over the lateral epicondyle as well as the cubital tunnel. Positive Cubital Tunnel compression, and Tinel's sign. The ulnar nerve is palpable and subluxing partially within the cubital tunnel. Provider states that patient "does have substantial symptoms despite extensive conservative care for both the left shoulder and the elbow. Only the medication has resulted in any degree of symptom relief." Voltaren was dispensed on 04/22/14, 07/07/14 and 11/06/14 due to "extensive inflammatory disorders plaguing this patient and non-tolerance to other NSAID medication. Protonix was dispensed on 04/22/14, 07/07/14 and 11/06/14 "given the patient's prior history of non-tolerance to NSAID medication with history of gastritis and to prevent gastric ulceration given the need for NSAID medication." Ultram was dispensed on 04/22/14, 07/07/14 and 11/06/14 due to "patient's current pain that exceeds a moderate level and the enhanced function achieved with ADL on the medication." Patient's medications also include Metformin, Lipiside, Albuterol, and Ibuprofen. Toxicology lab reports dated 07/07/14 and 10/17/14 were negative for Ultram, which was inconsistent with patient's prescriptions, due to "patient not taking medication as prescribed or to one's metabolism." Patient is working modified duty. EMG 10/16/14, per provider report dated 11/06/14 - electrodiagnostic evidence of mild left wrist median sensory neuropathy at the carpal tunnel region. MRI of the Left Shoulder 10/15/14 - small area of signal alteration seen within the distal subscapularis tendon with differential diagnosis including tendinosis degenerative change

versus partial tear. No tendon retraction or muscle atrophy is seen." Diagnosis 04/22/14, 07/07/14, 11/06/14 - left cubital tunnel syndrome with subluxation - history of left carpal tunnel syndrome, resolved - left lateral epicondylitis - left shoulder tendinitis. The utilization review determination being challenged is dated 11/20/14. Treatment reports were provided from 01/28/13 - 11/06/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retro Protonix 20mg one tab twice a day #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The patient presents with left shoulder and left elbow pain with tingling and numbness to the digits of her left hand. The request is for Retro Protonix 20mg one tab twice a day #60. Patient's diagnosis on 04/22/14, 07/07/14 and 11/06/14 included left cubital tunnel syndrome with subluxation; history of left carpal tunnel syndrome, resolved; left lateral epicondylitis; and left shoulder tendinitis. Patient's medications include Metformin, Lipiside, Albuterol, Ibuprofen, Protonix, Voltaren, and Ultram. Protonix and Voltaren were dispensed on 04/22/14, 07/07/14 and 11/06/14. Patient is working modified duty. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. Provider states in progress report dated 11/06/14, that patient "does have substantial symptoms despite extensive conservative care for both the left shoulder and the elbow. Only the medication has resulted in any degree of symptom relief." Protonix was dispensed on 04/22/14, 07/07/14 and 11/06/14 "given the patient's prior history of non-tolerance to NSAID medication with history of gastritis and to prevent gastric ulceration given the need for NSAID medication." In this case, the patient is on oral NSAID and has history of gastritis, for which prophylactic use of PPI would be indicated by guidelines. However, provider does not indicate how the patient is doing and why he needs to continue when it's been 7 months from UR date of 11/20/14. Furthermore, Protonix is indicated for GERD and erosive esophagitis, which have not been discussed in medical records. Given the lack of documentation of continued need for this medication, the request is not medically necessary.

**Retro Voltaren 100mg one tab daily #30: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 60, 61 and 22.

**Decision rationale:** The patient presents with left shoulder and left elbow pain with tingling and numbness to the digits of her left hand. The request is for Retro Voltaren 100mg one tab daily #30. Patient's diagnosis on 04/22/14, 07/07/14 and 11/06/14 included left cubital tunnel syndrome with subluxation; history of left carpal tunnel syndrome, resolved; left lateral epicondylitis; and left shoulder tendinitis. Patient's medications include Metformin, Lipiside, Albuterol, Ibuprofen, Protonix, Voltaren, and Ultram. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Provider states in progress report dated 11/06/14, that patient "does have substantial symptoms despite extensive conservative care for both the left shoulder and the elbow. Only the medication has resulted in any degree of symptom relief." Voltaren was dispensed on 04/22/14, 07/07/14 and 11/06/14 due to "extensive inflammatory disorders plaguing this patient and non-tolerance to other NSAID medication. Patient is working modified duty and finds relief with requested medication. The request meets guideline indications, therefore it is medically necessary.

**Retro Ultram ER 150mg one tablet daily may increase to 2x daily as needed #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; criteria for use of opioids Page(s): 60,61;76-78;88 and 89.

**Decision rationale:** The patient presents with left shoulder and left elbow pain with tingling and numbness to the digits of her left hand. The request is for Retro Ultram ER 150mg one tablet daily may increase to 2 x daily as needed #60. Patient's diagnosis on 04/22/14, 07/07/14 and 11/06/14 included left cubital tunnel syndrome with subluxation; history of left carpal tunnel syndrome, resolved; left lateral epicondylitis; and left shoulder tendinitis. Patient's medications include Metformin, Lipiside, Albuterol, Ibuprofen, Protonix, Voltaren, and Ultram. Toxicology lab reports dated 07/07/14 and 10/17/14 were negative for Ultram, which was inconsistent with patient's prescriptions, due to "patient not taking medication as prescribed or to one's metabolism." Patient is working modified duty. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Provider states in progress report dated 11/06/14, that patient "does have substantial symptoms despite extensive conservative care for both the left shoulder and the elbow. Only the medication has resulted in any degree of symptom relief." Ultram was dispensed on 04/22/14, 07/07/14 and 11/06/14 due to "patient's current pain that exceeds a moderate level and the enhanced function achieved with

ADL on the medication." In this case, provider has not stated how Ultram reduces pain and significantly improves patient's activities of daily living; there are no pain scales; the four A's are not specifically addressed including discussions regarding adverse effects, and aberrant behavior, etc. Toxicology lab reports dated 07/07/14 and 10/17/14 were negative for Ultram, which was inconsistent with patient's prescriptions. No CURES or opioid pain contract discussed. Given the lack of documentation as required by MTUS, the request is not medically necessary.