

Case Number:	CM14-0201523		
Date Assigned:	12/11/2014	Date of Injury:	09/27/2011
Decision Date:	01/29/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	12/01/2014

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 Practice, 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 53 yr. old female claimant who sustained a work injury on September 27, 2011 involving shoulders, neck and back. She was diagnosed with bilateral shoulder rotator cuff impingement in tears, Lumbar strain, cervical strain and thoracic strain. She was also noted to have gastroesophageal reflux disease, depression and insomnia. An MRI of the lumbar spine and 2011 showed degenerative changes. An MRI of the cervical spine in 2012 showed minimal disc bulging. An MRI of the shoulders in 2012 showed partial thickness tears in the supraspinatus portion on both shoulders. Her gastrointestinal symptoms occurred while she was on NSAIDS in April 2014. This persisted despite discontinuing the pain medication. A progress note on April 8, 2014 indicated the claimant had 8/10 pain. Exam findings were notable for decreased range of motion in the cervical and lumbar spine along with tenderness in the paraspinal regions with spasms. At the time the claimant had been on Norco, Tramadol, Gabapentin, Flexeril, Naproxen, Protonix and topical Mentherm. A progress note on August 15, 2014 indicated the claimant had persistent gastrointestinal symptoms. The claimant was awaiting approval for an upper G.I. series. She had previously received shoulder injections as well as visited a chiropractor. At the time, she was on topical cyclobenzaprine, Diclofenac twice a day and Pantoprazole. According to Utilization review notes referencing a physical exam on October 3, 2014 which indicated there was persistent pain in the involved regions as well as decreased strength in the upper and lower extremities. A request was made to continue Pantoprazole, Tramadol, Hydrocodone and topical lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole Sodium DR 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Pantoprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Pantoprazole is not medically necessary.

Hydrocodone/Apap HS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case the claimant has been on opioids for several months along with multiple classes of medications. There was no significant improvement in pain or function. The continued use of Hydrocodone is not medically necessary.

Lidocaine HCL jelly: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Medication is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica).In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as

Lidocaine gel is not recommended. The request for continued and long-term use of Lidocaine gel as above is not medically necessary.

Tramadol HCL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as Acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, she had been on Hydrocodone as well as NSAIDs. Long-term use of Tramadol along with other opioids has not been studied. There is no indication that one class of opioid is superior to another. The continued use of Tramadol is not medically necessary.