

Case Number:	CM14-0205861		
Date Assigned:	12/17/2014	Date of Injury:	10/30/2011
Decision Date:	02/10/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/09/2014

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 Emergency 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 42 year-old male, who sustained an injury on October 30, 2011. The mechanism of injury is not noted. Treatments have included: medications, physical therapy, right carpal tunnel release. The current diagnosis is: carpal tunnel syndrome, ulnar neuropathy, right shoulder tendonopathy. The stated purpose of the request for Voltaren 100mg 1 tab per day Qty 30 was for pain. The request for Voltaren 100mg 1 tab per day Qty 30 was denied on November 26, 2014, citing a lack of documentation of functional benefit. The stated purpose of the request for Protonix 20mg 1 po bid Qty 60 was not noted. The request for Protonix 20mg 1 po bid Qty 60 was denied on November 26, 2014, citing a lack of documentation of GI risk factors. The stated purpose of the request for Ultram ER (Tramadol) 150mg Qty 30 (one tablet 1 day daily): was for pain. The request for Ultram ER (Tramadol) 150mg Qty 30 (one tablet 1 day daily): was denied on November 26, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Ambien 10mg 1qhs prn Qty 20 was to provide. The request for Ambien 10mg 1qhs prn Qty 20 was denied on November 26, 2014, citing a lack of documentation of sleep hygiene efforts. Per the report dated October 10, 2014, the treating physician noted complaints of right shoulder pain with sleep disturbance. Exam showed wrist swelling, positive right shoulder impingement sign.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 100mg 1 tab per day Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Voltaren 100mg 1 tab per day Qty 30, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has right shoulder pain with sleep disturbance. The treating physician has documented wrist swelling, positive right shoulder impingement sign. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use nor hepatorenal lab testing. The criteria noted above not having been met, Voltaren 100mg 1 tab per day Qty 30 is not medically necessary.

Protonix 20mg 1 po bid Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: The requested Protonix 20mg 1 p.o. bid Qty 60, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms & Cardiovascular Risk, pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has right shoulder pain with sleep disturbance. The treating physician has documented wrist swelling, positive right shoulder impingement sign. The treating physician has not documented medication-induced GI complaints or GI risk factors. The criteria noted above not having been met, Protonix 20mg 1 p.o. bid Qty 60 is not medically necessary.

Ultram ER (Tramadol) 150mg Qty 30 (one tablet 1 day daily): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management; Opioids for Chronic Pain; Tramadol Page(s): 78-80; 80-82; 113.

Decision rationale: The requested Ultram ER (Tramadol) 150mg Qty 30 (one tablet 1 day daily), is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first- line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has right shoulder pain with sleep disturbance. The treating physician has documented wrist swelling, positive right shoulder impingement sign. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living, or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Ultram ER (Tramadol) 150mg Qty 30 (one tablet 1 day daily) is not medically necessary.

Ambien 10mg 1qhs prn Qty 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68, 71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications

Decision rationale: The requested Ambien 10mg 1qhs prn Qty 20 is not medically necessary. CA MTUS is silent. ODG -TWC, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications; note "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The injured worker has right shoulder pain with sleep disturbance. The treating physician has documented wrist swelling, positive right shoulder impingement sign. The treating physician has not documented results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien 10mg 1qhs prn Qty 20 is not medically necessary.