

Case Number:	CM15-0005290		
Date Assigned:	01/16/2015	Date of Injury:	02/15/2013
Decision Date:	03/12/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 39- year old male, who sustained an industrial injury on February 15, 2013. The accident was described as falling from a ladder from ten feet causing the ladder to collapse and trapping his left shoulder and left upper extremity between the rungs of the ladder. Once he cleared from the ladder, the worker further fell injuring his left shoulder and lower back. 12/26/14 medical report notes 5-6/10 pain in the left shoulder, hand, and low back with right greater than left lower extremity symptoms. ADLs are said to be maintained with medication. Tramadol ER is said to provide 4-5 point decrease in pain, while the NSAID provides 2-3 points of pain relief. Patient recalls GI upset with NSAID "without PPI, with PPI at qd dosing, and with PPI at bid dosing however denies GI upset with PPI at tid dosing." Spasm was refractory to other treatment prior to cyclobenzaprine, which provides 3-4 points decreased pain. On exam, there is tenderness, limited ROM, positive SLR, and spasm. 10/15/14, 11/5/14, and 12/5/14 UDS were inconsistent as none of the prescribed medications were detected. On December 11, 2014, the Utilization Review decision modified the request for Hydrocodone 10/325mg, count 60, Tramadol 140mg, count 60, Naproxen 550mg, count 60, Pantoprazole 20mg, count 90 and Cyclobenzaprine 7.5mg, count 90 to approve a 20 count of Hydrocodone and Tramadol and a 30 count of Naproxen and Pantoprazole. The guidelines do not allow for long term use of non-steroid anti-inflammatory medications (NSAID) or muscle relaxants, therefore Naproxen 30 count and Cyclobenzaprine 30 count was allowed and because do the approval of the NSAID, the Pantoprazole, 30 count was allowed. The rationale for non-coverage of the opioids reflected that the Tramadol and Hydrocodone were not indicated for long-term use. On January 9, 2015,

the injured worker submitted an application for IMR for review of Hydrocodone 10/325mg, count 60, Tramadol 140mg, count 60, Naproxen 550mg, count 60, Pantoprazole 20mg, count 90 and Cyclobenzaprine 7.5mg, count 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 11/5/14), Pharmacy purchase of Hydrocodone 10/325 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for hydrocodone, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the provider notes pain relief and functional improvement with opioid use, but the pain relief noted appears to be inconsistent with the pain levels reported. Furthermore, the urine drug testing for multiple months was inconsistent, with none of the prescribed drugs detected. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested hydrocodone is not medically necessary.

Retrospective (DOS 11/5/14), Pharmacy purchase of Tramadol 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for tramadol, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the provider notes pain relief and functional improvement with opioid use, but the pain relief noted appears to be inconsistent with the pain levels reported. Furthermore, the urine drug testing for multiple months was inconsistent, with none of the prescribed drugs detected. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current

request to allow tapering. In light of the above issues, the currently requested tramadol is not medically necessary.

Retrospective (DOS 11/5/14), Pharmacy purchase of Naproxen 550mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, the provider notes pain relief and functional improvement with prior use of medications, but the pain relief noted appears to be inconsistent with the pain levels reported. Furthermore, no rationale has been provided for long-term use of the medication despite the recommendations of the guidelines. In the absence of such documentation, the currently requested naproxen is not medically necessary.

Retrospective (DOS 11/5/14), Pantoprazole 20mg #90: 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 & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). In the absence of such documentation, the currently requested pantoprazole is not medically necessary.