

Case Number:	CM15-0138174		
Date Assigned:	07/28/2015	Date of Injury:	09/21/2009
Decision Date:	09/22/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/16/2015

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

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 51 year old female, who sustained an industrial injury on 9/21/09. The injured worker has complaints of right shoulder and upper extremity pain. The documentation noted that there is significant tenderness to palpation over the right sternoclavicular joint with palpable subluxation anteriorly of the clavicle. The diagnoses have included carpal tunnel syndrome; pain in joint shoulder and degeneration cervical disc. Treatment to date has included right shoulder arthroscopy in 2010; magnetic resonance imaging (MRI) right shoulder on 12/9/09 showed interval debridement of the supraspinatus tendon with small low-grade partial thickness interstitial tearing at the footprint; electromyography/nerve conduction velocity study of right upper extremity on 2/26/13 showed it was consistent with moderate right carpal tunnel syndrome, no evidence of suprascapular neuropathy, ulnar neuropathy, radial neuropathy or cervical radiculopathy; right shoulder X-ray on 1/4/13 showed no acute process seen; capsaicin cream; gabapentin; protonix; voltaren and butrans. The request was for voltaren XR (extended release) 100 mg quantity 180; butrans 5 mcg an hour quantity 4; protonix 20 mg quantity 120 and tylenol #3, quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR (extended release) 100 mg Qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Sodium (Voltaren, Voltaren XR) Page(s): 71.

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

Decision rationale: The patient was injured on 09/21/04 and presents with right shoulder pain and upper extremity pain. The request is for Voltaren xr (extended release) 100 mg qty 180. There is no RFA provided and the patient is permanent and stationary with permanent disability. The patient has been taking this medication as early as 05/13/15 and three treatment reports are provided from 06/13/15 to 07/08/15. MTUS Guidelines, Anti-Inflammatory Medications, page 22 states that anti-inflammatories are the traditional first-line treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. For medication use in chronic pain, MTUS page 60 also requires documentation of the pain assessment and function as related to the medication use. Specific to Voltaren, ODG Guidelines, Pain Chapter, under Diclofenac Sodium states, "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market." The patient has tenderness to palpation over the right sternoclavicular joint with palpable subluxation anteriorly of the clavicle. She is diagnosed with carpal tunnel syndrome; pain in joint shoulder, and degeneration cervical disc. The 06/10/15 report states that the patient rates her pain as an 8/10. MTUS page 60 requires recording of pain assessment and functional changes when medications are used for chronic pain. None of the reports provided discuss how Voltaren has impacted the patient's pain and function. Due to lack of documentation, the requested Voltaren is not medically necessary.

Butrans 5 mcg/hr Qty 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Buprenorphine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Buprenorphine Page(s): 60, 61, 76-78, 88, 89, 26-27.

Decision rationale: The patient was injured on 09/21/04 and presents with right shoulder pain and upper extremity pain. The request is for Butrans 5 mcg/hr qty 4 for pain. There is no RFA provided and the patient is permanent and stationary with permanent disability. The patient has been taking this medication as early as 05/13/15 and three treatment reports are provided from 06/13/15 to 07/08/15. MTUS Guidelines, Criteria For Use of Opioids, pages 88 and 89 state "The patient 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 4 A's (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, times it takes for medication to work, and

duration of pain relief. MTUS Guidelines, Buprenorphine, pages 26-27 specifically recommends it for treatment of opioid addiction and also for chronic pain. The 05/13/15 report states that the Butrans patch make her mouth dry. The 06/10/15 report states that the patient "has discontinued the use of Butrans-patches secondary to mouth sores." In this case, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided nor are there any examples of ADLs, which demonstrate medication efficacy. Butrans patch caused the patient to have side effects of dry mouth and mouth sores. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. Furthermore, it appears that this medication was discontinued due to the mouth sores the patient was having. The requested Butrans patch is not medically necessary.

Protonix 20 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: The patient was injured on 09/21/04 and presents with right shoulder pain and upper extremity pain. The request is for Protonix 20 mg qty 120. There is no RFA provided and the patient is permanent and stationary with permanent disability. The patient has been taking this medication as early as 05/13/15 and three treatment reports are provided from 06/13/15 to 07/08/15. MTUS Guidelines, NSAIDs, page 60 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS page 69 states, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The patient is diagnosed with carpal tunnel syndrome; pain in joint shoulder, and degeneration cervical disc. As of 07/08/15, the patient is taking Naproxen, Tylenol #3, and Voltaren. Although the patient is taking a NSAID, the treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of rationale for its use, the requested Protonix is not medically necessary.

Tylenol #3, Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine; Tylenol with Codeine Page(s): 35, 92.

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, 89.

Decision rationale: The patient was injured on 09/21/04 and presents with right shoulder pain and upper extremity pain. The request is for Tylenol #3 qty 60 for severe pain. There is no RFA provided and the patient is permanent and stationary with permanent disability. The patient has been taking this medication as early as 05/13/15 and three treatment reports are provided from 06/13/15 to 07/08/15. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, 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. The 06/10/15 report states that Tylenol "decreases her pain by 30% and allows her to tolerate activity with her right upper extremity. She is not experiencing any side effects with the use of this medication." The 06/10/15 report also states that the patient rates her pain as an 8/10. In this case, not all of the 4 A's are addressed as required by MTUS guidelines. Although there is a discussion on side effects and a general pain scale, there are no before-and-after medication pain scales. There are no examples of ADLs, which demonstrate medication efficacy. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Tylenol #3 is not medically necessary.