

Case Number:	CM15-0145772		
Date Assigned:	08/07/2015	Date of Injury:	12/20/1996
Decision Date:	09/23/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/28/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 58 year old male, who sustained an industrial injury on December 20, 1996. He reported pain in the right elbow radiating to the right shoulder with decreased range of motion, decreased sensation to the index, middle and ring fingers of the right hand and low back pain. The injured worker was diagnosed as having history of complex regional pain syndrome of right upper extremity, history of gastritis secondary to medications, depression, status post right lateral epicondylectomy in 1998 with persistent lateral epicondylitis, status post right lateral epicondyle PRP on November 6, 2014, right shoulder impingement and right median neuropathy. Treatment to date has included diagnostic studies, radiographic imaging, surgical interventions, conservative care, medications and work restrictions. Currently, the injured worker continues to report pain in the right elbow radiating to the right shoulder with decreased range of motion, decreased sensation to the index, middle and ring fingers of the right hand and low back pain. The injured worker reported an industrial injury in 1996, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on November 6, 2014, revealed continued pain as noted. Tinnel's, Phalen and Durkin's signs were all positive in the right hand. Right shoulder range of motion was noted as quite limited however he had nearly full passive range of motion with noted grimace. A platelet rich plasma injection to the right lateral epicondyle and common extensor origin was performed. Work restrictions remain unchanged. Evaluation on March 3, 2015, revealed a continued struggle by the injured worker with pain involving the upper extremity with constant numbness in the right hand. It was noted he continued to experience moderate gastrointestinal

distress. Evaluation on May 12, 2015, revealed a continued struggle with right shoulder pain and restless sleep, mood swings and gastrointestinal distress from prior use on non-steroidal anti-inflammatory agents. Work restrictions, a proton pump inhibitor and pain medications were continued. Retrospective request for Effexor X 37.5 mg #60, dispensed on 05/12/15, Retrospective request for Protonix 20 mg #60, dispensed on 05/12/15 and Retrospective request for Ultracet 37.5/325 mg #60, dispensed on 05/12/15 were made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ultracet 37.5/325 mg #60, dispensed on 05/12/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 11, 74-96.

Decision rationale: Ultracet is the compounded medication containing tramadol and acetaminophen. Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient has been receiving opioid medication since at least November 2014 and has not obtained analgesia. In addition there is no documentation that the patient has signed an opioid contract. Criteria for long-term opioid use have not been met. The request should not be authorized. Therefore, the requested treatment is not medically necessary.

Retrospective request for Effexor X 37.5 mg #60, dispensed on 05/12/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 15-16.

Decision rationale: Effexor is the antidepressant, venlafaxine. Venlafaxine is a selective serotonin and norepinephrine reuptake inhibitor (SNRI). It is FDA-approved for anxiety, depression, panic disorder, and social phobias. It is used off-label for fibromyalgia, neuropathic pain and diabetic neuropathy. Side effects include dizziness, fatigue, somnolence drowsiness, anxiety and insomnia. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation. Some relief may occur in first two weeks; full benefit may not occur until six weeks. Withdrawal effects can be severe. In this case patient has been taking Effexor since at least December 2014. The patient is also taking another SNRI, cymbalta. Use of effexor is duplication of therapy with higher risk of adverse effects. The request should not be authorized. Therefore, the requested treatment is not medically necessary.

Retrospective request for Protonix 20 mg #60, dispensed on 05/12/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 68.

Decision rationale: Protonix is the proton pump inhibitor (PPI), pantoprazole. PPIs are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was not using NSAID medication and did not have any of the risk factors for a gastrointestinal event. The request should not be authorized. Therefore, the requested treatment is not medically necessary.