

Case Number:	CM15-0149494		
Date Assigned:	08/12/2015	Date of Injury:	06/26/2013
Decision Date:	09/14/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	07/31/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 58-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of June 26, 2013. In a Utilization Review report dated July 28, 2015, the claims administrator failed to approve requests for Zantac and tramadol. The claims administrator referenced a July 10, 2015 office visit in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated November 7, 2014, the applicant was placed off of work, on total temporary disability, following earlier shoulder surgery. Physical therapy was sought. The note was very difficult to follow. On June 23, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck pain radiating to the right arm, highly variable, 0-8/10. Gripping and grasping remained problematic, it was reported. In another section of the note, the applicant reported 6/10 shoulder pain complaints, exacerbated by pulling, reaching, and pushing activities. Medication selection and medication efficacy were not seemingly discussed. There was no mention of the applicant's having any issues with reflux, heartburn, or dyspepsia, it was further noted. On an earlier note of December 30, 2014, the applicant was again placed off of work, on total temporary disability, owing to multifocal complaints of neck and shoulder pain. On March 19, 2015, the applicant was, once again, placed off of work, on total temporary disability with highly variable neck, shoulder, and arm pain complaints, 0-8/10, were reported. Manipulative therapy was sought while the applicant was seemingly placed off of work. Once again, medication selection and medication efficacy were not discussed or detailed. On January 26, 2015, it was again

acknowledged that the applicant was not working. Ongoing complaints of neck pain with associated difficulty gripping and grasping were reported. Tylenol No. 3 and Zantac were prescribed. The applicant was placed off of work, on total temporary disability. Epidural steroid injection therapy was sought. The applicant was again placed off of work. There was no seeming discussion of medication efficacy transpired at this point. There was no mention that the applicant was having any issues with reflux, heartburn, or dyspepsia on this date, either. On April 13, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck and shoulder pain. Medication selection and medication efficacy were not discussed. There was no explicit mention of the applicant's having issues with reflux, although the attending provider stated that the applicant had developed unspecified epigastric discomfort.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs) Page(s): 68.

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

Decision rationale: No, the request for Zantac, an H2 antagonist, was not medically necessary, medically appropriate, or indicated here. Page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonists such as Zantac are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on multiple progress notes, referenced above. It was not clearly stated, in short, for what issue, diagnosis, and/or purpose Zantac had been prescribed and/or whether or not ongoing usage of Zantac had or had not proven effectual here. Therefore, the request was not medically necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant remained off of work, on total temporary disability, it was acknowledged on various dates, including on January 26, 2015, April 13, 2015, May 21, 2015, etc. The applicant continued to report difficulty with

activities of daily living to include gripping, grasping, pulling, pushing, etc. Highly variable 0-8/10 pain complaints were reported. It did not appear, in short, that the applicant had profited in terms of parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.