

Case Number:	CM15-0149568		
Date Assigned:	08/12/2015	Date of Injury:	01/29/2010
Decision Date:	09/21/2015	UR Denial Date:	07/14/2015
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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 female who sustained an industrial injury on January 29, 2010 resulting in bilateral shoulder pain, limited right shoulder mobility, neck pain radiating to her upper extremities, and radiating low back pain. She was diagnosed with shoulder impingement syndrome, elbow and knee sprain or strain, and cervical and lumbar disc herniation. Documented treatment has included physical therapy with report of no improvement; chiropractic treatments, bilateral shoulder cortisone injections, which she stated was not helpful with symptoms, and pain medication. The injured worker continues to present with radiating upper and lower back pain. The treating physician's plan of care includes Tramadol ER 150 mg, Norco 10-325mg, Prilosec 20 mg, and Voltaren XR 100 mg. She is temporarily very disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-79.

Decision rationale: The request for Tramadol is medical unnecessary. There is no documentation of what her pain was like previously and how much Tramadol decreased her pain. There was no documentation of increased function. There is no documentation all of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There was no drug contract. There were urine drug screens that did not show Norco which the patient was prescribed which might reflect aberrant behavior. Therefore, opioids should not be continued. Because of these reasons, the request for Tramadol is not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Norco is medical unnecessary. There is no documentation of what her pain was like previously and how much Norco decreased her pain. There was no documentation of increased function. There is no documentation all of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There was no drug contract. There were urine drug screens that did not show Norco which the patient was prescribed which might reflect aberrant behavior. Because of these reasons, the request for Norco is not medically necessary.

Prilosec 20mg #60: 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, & cardiovascular risk Page(s): 68.

Decision rationale: The request for Prilosec is not medically necessary. The patient does not have any documented risk factors for adverse gastrointestinal effects or symptoms indicating a need for a PPI. As per the MTUS guidelines, risk factors include "age greater than 65, history of peptic ulcers or gastrointestinal bleeding, concurrent use of aspirin or corticosteroids, or high dose/multiple anti-inflammatory medications", not all of which applied to the patient. The patient was on Naprosyn but without any documented adverse effects requiring Prilosec. PPI's carry many adverse effects and should be used for the shortest course possible when there is a recognized indication. Therefore, the request for Prilosec is not medically necessary.

Voltaren XR 100mg #60: Upheld

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

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

Decision rationale: The request for Voltaren XR is medically unnecessary. NSAIDs are recommended at the lowest dose for the shortest duration. The patient's pain has been treated with NSAIDs, but there was no documentation of objective functional improvement. The patient was on multiple medications but it is unclear which is contributing to his decrease in pain. NSAIDs come with many risk factors including renal dysfunction and GI bleeding. Therefore, long-term chronic use is unlikely to be beneficial. Because of these reasons, the request is not medically necessary.