

Case Number:	CM15-0167102		
Date Assigned:	09/04/2015	Date of Injury:	06/06/2011
Decision Date:	10/20/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/25/2015

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
 Certification(s)/Specialty: Pediatrics, Internal 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 30 year old male, who sustained an industrial injury on 6-6-11. He reported laceration to index and middle fingers in a table saw accident. The injured worker was diagnosed as having mallet deformity, posttraumatic second finger, left collateral ligament instability. Treatment to date has included surgical repair of index finger with a plastic joint, physical therapy, activity modification, transcutaneous electrical nerve stimulation (TENS) unit, home exercise program and oral medications including Naproxen 550mg, Pantoprazole 20mg, Cyclobenzaprine 7.5mg and Tramadol ER 150mg. Currently on 7-9-15, the injured worker complains of left second finger pain rated 6 out of 10. It is noted activities of daily living are maintained with medication and improved range of motion with greater tolerance to exercise and adherence to recommended activity level with medications. He recalls history of gastrointestinal upset with NSAID (non-steroidal anti-inflammatory drugs) and spasm refractory to physical therapy which has been decreased with use of cyclobenzaprine. Disability status is noted to be permanent and stationary. Physical exam performed on 7-9-15 revealed left second finger mallet deformity with 4-5 grip strength on left. A request for authorization was submitted on 7-23-15 for Naproxen 550mg #90, Pantoprazole 20mg #90, Cyclobenzaprine 7.5mg #90 and Tramadol ER 150mg 360; along with a psychological consult.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical records, there has been no clear documentation that the patient has responded to ongoing opioid therapy. There is no indication the injured worker has returned to work as the disability status is noted to be permanent and stationary. Documentation submitted did not include urine toxicology screening or an opioid contract. The injured worker has received Tramadol since at least 1-2015. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Naproxen Sodium 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient had prior use of NSAIDs without any documentation of significant improvement. There was no documentation of subjective or objective benefit from use of this medication. The injured worker has received Naproxen since at least 1-2015. Medical necessity of the requested medication has not been established. The request for Naproxen is not medically necessary.

Pantoprazole 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to CA MTUS (2009), Proton Pump Inhibitor, such as Protonix (Pantoprazole), are recommended for patients at risk for gastrointestinal events or taking NSAIDs with documented gastrointestinal (GI) distress symptoms. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age over 65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and-or anticoagulants or high-dose/multiple NSAIDs. There is documentation of previous (GI) upset; however the NSAID has not been recommended at this time; therefore the PPI would not be required. Based on the available information provided for review, the medical necessity for Protonix has not been established. The requested medication is not medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: According to the reviewed literature, Cyclobenzaprine is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. In this case, the injured worker has utilized Cyclobenzaprine since at least 1-2015. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.