

Case Number:	CM15-0182471		
Date Assigned:	09/23/2015	Date of Injury:	06/16/2000
Decision Date:	11/18/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/16/2015

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: 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 injured worker is a 46 year old male, who sustained an industrial injury on June 16, 2000. The injured worker was being treated for shoulder impingement, arthropathy of upper arm- unspecified, and depression and sleep disorder due to chronic pain. On 8-18-2015, the injured worker reports ongoing right shoulder and right elbow pain. There is limited motion of the right upper extremity with all extremes of motion being symptomatic, even minimal motion. The injured worker has sleep issues. The physical exam (8-18-2015) reveals continued tight abduction after 90 degrees with resistance. The elbow has a flexion contracture of 45 degrees and flexion to 90 degrees. There is tenderness along the biceps tendon, rotator cuff, and the acromioclavicular joint of the right shoulder. Per the treating physician (8-18-2015 report), the nerve studies performed on August 2014 revealed overall non-specific findings. On 6-22-2015, an MRI of the right shoulder revealed a superior labral postoperative repair without recurrent labral tear or paralabral cyst, and biceps tenodesis with anchoring to the proximal humeral shaft. On 6-25-2015, an MRI of the right elbow revealed moderate medial and lateral elbow degenerative arthritis with subchondral bone changes and osteophytes. On 6-14-2015 an MRI arthrogram of the right shoulder revealed articular sided fraying of supraspinatus with diffuse thinning of the supraspinatus tendon. There was no full-thickness tear. There was mild fatty atrophy at the myotendinous junction of the supraspinatus and infraspinatus. There was undersurface tear, fraying and irregularity of the previously repaired superior labrum. The long head of the biceps tendon was not identified. On May 1, 2015 and July 21, 2015, urine drug screens revealed positive results for Oxycodone and Oxymorphone. Surgeries to date have

included decompression and acromioclavicular joint resection with distal clavicle excision in 2006, labral repair and biceps tendon release in April 2015, and biceps tenodesis on May 29, 2015, and right elbow arthroscopy, synovectomy, capsulectomy, and excision along the tip of the olecranon and fenestration. Treatment has included at least 12 sessions of postoperative physical therapy, a transcutaneous electrical nerve stimulation (TENS) unit, activity modifications, biceps stump injections, and medications including short-acting pain (Percocet), long-acting pain (Oxycontin), histamine 2 antagonist (Zantac), proton pump inhibitor (Prilosec, Protonix), anti-epilepsy (Gabapentin), muscle relaxant (Flexeril), and topical pain (Lidoderm patches). Per the treating physician (8-18-2015 report), the injured worker is to continue to work with modification. On 8-18-2015, the requested treatments included Protonix 20mg #60, Lunesta 2mg #30, Norflex ER 100mg #60, Topamax 50mg #60, and Tramadol ER 150mg #30. On 8-27-2015, the original utilization review non-certified a request for Protonix 20mg #60, Lunesta 2mg #30, Norflex ER 100mg #60, Topamax 50mg #60, and Tramadol ER 150mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

Decision rationale: Protonix is a proton pump inhibitor. According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any the risk factors needed to recommend a proton pump inhibitor. Protonix 20mg #60 is not medically necessary.

Lunesta 2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia treatment.

Decision rationale: The Official Disability Guidelines do not recommend the long-term use of any class of sleep aid. The patient has been taking Lunesta longer than the maximum recommended time of 4 weeks. At present, based on the records provided, and the evidence-

based guideline review, the request is non-certified. Lunesta 2mg #30 is not medically necessary.

Norflex ER 100mg #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): Muscle relaxants (for pain).

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. Norflex ER 100mg #60 is not medically necessary.

Topamax 50mg #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): Antiepilepsy drugs (AEDs).

Decision rationale: Topamax is an anti-epilepsy drug sometimes recommended for neuropathic pain, i.e. pain due to nerve damage. Randomized controlled studies have been limited in regard to central pain, and there have been none for painful radiculopathy. If an antiepileptic drug is prescribed for a patient for other than painful polyneuropathy or post-herpetic neuralgia, a first-line medication such as gabapentin or pregabalin should be tried initially. The medical record lacks documentation that the patient has been tried on any first-line agents. Topamax is not medically necessary.

Tramadol ER 150mg #30: 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 for chronic pain.

Decision rationale: The medical records do not indicate the need for medications other than first line mediation. There is no mention of failure of first-line analgesics. MTUS guidelines do not support use of Tramadol ER unless other treatments have not been effective or not tolerated. This patient is also prescribed OxyContin, Percocet and Naproxen which appear to be effective. Tramadol ER 150mg #30 is not medically necessary.

