

Case Number:	CM15-0186852		
Date Assigned:	09/28/2015	Date of Injury:	02/22/2013
Decision Date:	11/06/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/22/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 53 year old female, who sustained an industrial injury on 2-22-2013. Medical records indicate that the injured worker is undergoing treatment for right shoulder pain, right elbow pain and right wrist pain. The injured worker was temporarily totally disabled. On (8-13-15) the injured worker complained of neck pain with paralleling headaches and right shoulder, elbow and wrist pain. The cervical, right wrist and elbow pain were rated 5 out of 10 and the right shoulder pain 3 out of 10 on the visual analogue scale. Objective findings revealed tenderness of the cervical spine, right elbow and right shoulder and a decreased range of motion. Sensation was diminished in the right ulnar nerve distribution. Spasms were noted in the cervical trapezius muscles-forearm musculature. Right wrist findings noted Jamar limited to no greater than 10 pounds on 3 attempts. Subsequent progress notes (7-16-15, 6-16-15 and 5-26-15) indicate that the injured worker pain levels and objective findings were unchanged. Treatment and evaluation to date has included medications, electrodiagnostic studies, physical therapy and right de Quervain's release surgery, right carpal tunnel release and right shoulder surgery in January of 2014. Current medications include Tramadol (since at least March of 2015), Pantoprazole (since at least March of 2015), Xanax (since at least March of 2015) and Cymbalta. The injured worker recalled gastrointestinal upset with non-steroidal anti-inflammatory drugs with no proton pump inhibitor medication and denies gastrointestinal upset with current proton pump inhibitor medication dose. The injured workers current medications facilitate maintenance of activities of daily living, including light household chores, shopping, grooming and cooking. Current requested treatments include Pantoprazole 20 mg # 60, Xanax 1

mg # 30 and Tramadol 100 mg # 60. The Utilization Review documentation dated 9-17-15 non-certified the request for Pantoprazole 20 mg # 60 and modified the requests for Xanax 1 mg # 15 (original request # 30) and Tramadol 100 mg # 30 (original request # 60).

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #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 (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: According to the CA Chronic Pain Medical Treatment Guidelines, page 24, Benzodiazepines, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." In this case, the records indicate the injured worker has been taking Xanax for over 5 months. Therefore the request for Xanax is not medically necessary and is not certified.

Tramadol 100 mg #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 for neuropathic pain.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. There is insufficient evidence in the records from 8/13/15 of failure of primary over the counter non-steroids to warrant Tramadol. Therefore, use of Tramadol is not medically necessary and it is noncertified.

Pantoprazole 20 mg #60: Upheld

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

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

Decision rationale: The CA MTUS does not address proton pump inhibitors such as Pantoprazole. According to the Official Disability Guidelines, Pain section, regarding Proton pump inhibitors (PPIs), Recommended for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. In this particular case the medical record document gastrointestinal symptoms with NSAID's but there is no indication that the injured worker is currently taking NSAID's. The records do not document any other medical indication for the use of a proton pump inhibitor. Therefore, the request for Pantoprazole is not medically necessary and non-certified.