MAXIMUS Federal Services

Case Number:	CM15-0214314		
Date Assigned:	11/04/2015	Date of Injury:	01/13/2014
Decision Date:	12/21/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/30/2015

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: Physical Medicine & Rehabilitation

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 48 year old female who sustained an industrial injury January 13, 2014. Past history included right shoulder surgery September 22, 2015, severe right carpal tunnel syndrome, and C6-C7 disc protrusion, mild left side cord compression and central canal stenosis and C5-C6 mild disc degeneration, transforaminal epidural steroid injection right C6-7 July 23, 2015. Past treatment included medication and 12 sessions of physical therapy for the shoulder. According to an orthopedic progress report dated October 8, 2015, the injured worker presented two weeks status post arthroscopy with subacromial decompression, distal clavicle excision, rotator cuff repair, and subpectoral biceps tenodesis. She reports her pain is improving and she is beginning to wean from medication. She has physical therapy earlier in the week without complaint. Physical examination revealed; portal sites well healed; clean dry and intact, and she is wearing an Ultra Sling; full range of motion at the wrist and digits, range of motion at the shoulder deferred, range of motion at the elbow from 5 degrees of extension to 140 degrees of flexion. Treatment plan included removal of sutures and re-dressed in Steri-strips, continue with rehabilitation. At issue, is a request for authorization for Tramadol, Relafen, and Pantoprazole. An orthopedic progress report dated October 9, 2015 finds the injured worker presenting following a motor vehicle accident when rear-ended (restrained passenger). She reports her shoulder was jerked. He neck, trapezius and shoulder have become sore since that time. Assessment was documented as acute cervical strain (whiplash) with trapezius spasm, surgical site intact. According to utilization review dated October 13, 2015, the requests for Tramadol 50mg #60, Relafen 750mg #60 and Pantoprazole 20mg #60 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Overturned

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.

Decision rationale: Based on the 09/17/15 progress report provided by treating physician, the patient presents with pain to right neck and right shoulder with associated numbness and tingling. The patient is status post right shoulder arthroscopy on 09/22/15. Per 09/17/15 report, the patient "was involved in an MVC last week when she was rear ended while wearing a seatbelt." The request is for Tramadol 50mg #60. RFA with the request not provided. Patient's diagnosis on 09/17/15 includes cervical strain/sprain rule out radiculopathy, cumulative trauma injury of the right wrist with electrodiagnostic evidence, and right shoulder rotator cuff tear. Physical examination of the cervical spine on 09/17/15 revealed spasm and tenderness to palpation to paraspinal muscles. Decreased pinprick sensation noted to the right lateral elbow, right thumb, index, middle and ring fingers. Treatment to date has included shoulder surgery, imaging and electrodiagnostic studies, shoulder injection, cervical ESI, physical therapy, home exercise program and medications. Patient's medications include Norco, Relafen, Pantoprazole, Ultram, Naproxen and Gabapentin. The patient is off work, per 10/19/15 report. MTUS Guidelines page 76 to 78, under the Criteria for initiating opioids, recommend that reasonable alternatives have been tried, concerning the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids maybe tried at this time MTUS states that "Functional assessment should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities."Tramadol has been included in patient's medications per progress reports dated 09/17/15 and 10/19/15. It is not known when this medication was initiated. Per 09/17/15 report, the patient was prescribed "norco 3x/day post surgery which helps significantly. Ultram had helped with her pain before surgery, but since surgery she has only been taking norco." Given patient's post-operative status (09/22/15) and recent multi vehicle collision, the request for short-term use of Tramadol appears reasonable and in accordance. Therefore, the request IS medically necessary.

Relafen 750mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: Based on the 09/17/15 progress report provided by treating physician, the patient presents with pain to right neck and right shoulder with associated numbness and tingling rated 9/10. The patient is status post right shoulder arthroscopy on 09/22/15. Per 09/17/15 report, the patient "was involved in an MVC last week when she was rear ended while wearing a seatbelt." The request is for Relafen 750mg #60. RFA with the request not provided. Patient's diagnosis on 09/17/15 includes cervical strain/sprain rule out radiculopathy, cumulative trauma injury of the right wrist with electrodiagnostic evidence, and right shoulder rotator cuff tear. Physical examination of the cervical spine on 09/17/15 revealed spasm and tenderness to palpation to paraspinal muscles. Decreased pinprick sensation noted to the right lateral elbow, right thumb, index, middle and ring fingers. Treatment to date has included shoulder surgery, imaging and electrodiagnostic studies, shoulder injection, cervical ESI, physical therapy, home exercise program and medications. Patient's medications include Norco, Relafen, Pantoprazole, Ultram, Naproxen and Gabapentin. The patient is off work, per 10/19/15 report. MTUS, Anti-inflammatory medications, pg 22 states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Relafen has been included in patient's medications per progress reports dated 09/17/15 and 10/19/15. It is not known when this medication was initiated. Per 09/17/15 report the patient "had been taking relafen and pantoprazole with help in managing her pain and had reflux symptoms a few times/week." Given patient's postoperative status, continued pain and documentation of benefit, this request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

Pantoprazole 20mg #60: Overturned

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

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

Decision rationale: Based on the 09/17/15 progress report provided by treating physician, the patient presents with pain to right neck and right shoulder with associated numbness and tingling. The patient is status post right shoulder arthroscopy on 09/22/15. Per 09/17/15 report, the patient "was involved in an MVC last week when she was rear ended while wearing a seatbelt." The request is for Pantoprazole 20mg #60. RFA with the request not provided. Patient's diagnosis on 09/17/15 includes cervical strain/sprain rule out radiculopathy, cumulative trauma injury of the right wrist with electrodiagnostic evidence, and right shoulder rotator cuff tear. Physical examination of the cervical spine on 09/17/15 revealed spasm and tenderness to palpation to paraspinal muscles. Decreased pinprick sensation noted to the right lateral elbow, right thumb, index, middle and ring fingers. Treatment to date has included shoulder surgery, imaging and electrodiagnostic studies, shoulder injection, cervical ESI,

physical therapy, home exercise program and medications. Patient's medications include Norco, Relafen, Pantoprazole, Ultram, Naproxen and Gabapentin. The patient is off work, per 10/19/15 report. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, pages 68-69 states that "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. 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 (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Pantoprazole has been included in patient's medications per progress reports dated 09/17/15 and 10/19/15. It is not known when this medication was initiated. Per 09/17/15 report the patient "had been taking relafen and pantoprazole with help in managing her pain and had reflux symptoms a few times/week." Prophylactic use of PPI is indicated by MTUS, and the patient is on NSAID therapy. Treater has documented gastric problems and benefit, for which prophylactic use of PPI is indicated. This request appears reasonable and in accordance with guideline indications. Therefore, the request IS medically necessary.