

Case Number:	CM15-0225625		
Date Assigned:	11/24/2015	Date of Injury:	11/18/2012
Decision Date:	12/31/2015	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	11/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female, who sustained an industrial injury on 11-18-12. The injured worker is diagnosed with rule out left shoulder impingement-rotator cuff pathology, rule out cervical disc injury-cervical radiculopathy, left carpal tunnel syndrome (per history), rule out left radial tunnel syndrome-cubital tunnel syndrome and left elbow medial and lateral epicondylitis. Her work status is temporary total disability. A note dated 7-20-15, 9-4-15 and 11-3-15 reveals the injured worker presented with complaints of left hand, wrist, elbow and shoulder pain, neck pain with left upper extremity symptoms and right shoulder pain (compensatory) rated at 3-9 out of 10. She reports left shoulder decreased range of motion and activity-function as well as numbness in her left forearm and hand. Physical examinations dated 7-20-15 and 11-3-15 revealed left shoulder anterior aspect and acromioclavicular tenderness, left cervical trapezius spasms, positive impingement sign and Jobe test and crepitus with range of motion is noted. The cervical spine examination reveals paraspinal musculature and cervical spine tenderness as well as cervical paraspinal spasms. There is diminished sensation noted at the left C5-C7 dermatomes and diffuse motor deficit of the left upper extremity. The left elbow reveals medial and lateral upper condyle tenderness, proximal forearm extensors tenderness and spasms. The left wrist and hand reveals positive Tinel's and Phalen's tests, diminished sensation of the median nerve and ulnar distribution, decreased grip, tenderness at the dorsal aspect of the wrist and pain with wrist extension against resistance. Treatment to date has included physical therapy, heat and cold therapy, stretching, home exercise program, activity modification and TENS unit. A left carpal tunnel injection was not beneficial per note dated 11-3-15. Her

medication regimen includes Tramadol (12-2014) which eliminates the need for opiates, Naproxen, Xanax, Pantoprazole (4-2015) and Cyclobenzaprine. Diagnostic studies include x-rays, upper extremity electrodiagnostic studies reveals carpal tunnel syndrome and urine toxicology screen. A request for authorization dated 11-2-15 for Tramadol 50 mg #60 is modified to #30, Pantoprazole 20 mg #60 is non-certified and Xanax 0.5 mg #60 is modified to #30, per Utilization Review letter dated 11-9-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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: The claimant has a cumulative trauma work injury to the left upper extremity with date of injury in November 2012. In July 2015, electrodiagnostic testing showed findings of left carpal tunnel syndrome. An MRI scan of the cervical spine showed findings of severe C4/5 and moderate C5/6 loss of disc height with multilevel disc protrusions and diagnostic ultrasound of both shoulders and wrists showed a partial thickness left rotator cuff tear with subacromial and subdeltoid bursitis and enlargement of the left median nerve. When seen in September 2015 she was having left forearm and hand numbness at night and in the mornings. Physical examination findings included decreased left shoulder range of motion with positive impingement testing. There was slight posterior cervical muscle tenderness with full range of motion. There was decreased left hand median distribution sensation with positive Tinel's testing. The claimant's body mass index is over 35. Authorization for left carpal tunnel surgery was recommended. Tramadol, naproxen, and Protonix were prescribed. In November 2014, the claimant recalled a history of gastrointestinal upset with NSAID use without a proton pump inhibitor and with a proton pump inhibitor being prescribed at once and twice-daily dosing. Tramadol is an immediate release short acting medication used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.

Pantoprazole 20 MG #60: Upheld

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 based on Non-MTUS Citation ODG Workers' Compensation Drug Formulary.

Decision rationale: The claimant has a cumulative trauma work injury to the left upper extremity with date of injury in November 2012. In July 2015, electrodiagnostic testing showed findings of left carpal tunnel syndrome. An MRI scan of the cervical spine showed findings of severe C4/5 and moderate C5/6 loss of disc height with multilevel disc protrusions and diagnostic ultrasound of both shoulders and wrists showed a partial thickness left rotator cuff tear with subacromial and subdeltoid bursitis and enlargement of the left median nerve. When seen in September 2015 she was having left forearm and hand numbness at night and in the mornings. Physical examination findings included decreased left shoulder range of motion with positive impingement testing. There was slight posterior cervical muscle tenderness with full range of motion. There was decreased left hand median distribution sensation with positive Tinel's testing. The claimant's body mass index is over 35. Authorization for left carpal tunnel surgery was recommended. Tramadol, naproxen, and Protonix were prescribed. In November 2014 the claimant recalled a history of gastrointestinal upset with NSAID use without a proton pump inhibitor and with a proton pump inhibitor being prescribed at once and twice-daily dosing. Guidelines recommend consideration of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take naproxen at the recommended dose and the requesting provider documents a history of gastrointestinal upset. However, this medication at a two times per day dose was previously ineffective. Although there is reference to failure with omeprazole, which is a first-line medication, no details were provided as to when this medication was prescribed including dose and reason for failure. Ongoing prescribing of Pantoprazole without adequate documentation supporting a failure of first-line medications and with history of failure at the current dose is not considered medically necessary.

Xanax .5 MG #60: Upheld

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

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

Decision rationale: The claimant has a cumulative trauma work injury to the left upper extremity with date of injury in November 2012. In July 2015, electro diagnostic testing showed findings of left carpal tunnel syndrome. An MRI scan of the cervical spine showed findings of severe C4/5 and moderate C5/6 loss of disc height with multilevel disc protrusions and diagnostic ultrasound of both shoulders and wrists showed a partial thickness left rotator cuff tear with subacromial and subdeltoid bursitis and enlargement of the left median nerve. When seen in September 2015 she was having left forearm and hand numbness at night and in the mornings. Physical examination findings included decreased left shoulder range of motion with positive impingement testing. There was slight posterior cervical muscle tenderness with full range of motion. There was decreased left hand median distribution sensation with positive Tinel's testing. The claimant's body mass index is over 35. Authorization for left carpal tunnel surgery

was recommended. Tramadol, naproxen, and Protonix were prescribed. In November 2014 the claimant recalled a history of gastrointestinal upset with NSAID use without a proton pump inhibitor and with a proton pump inhibitor being prescribed at once and twice-daily dosing. Xanax (alprazolam) is a benzodiazepine, which is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly, within 3 to 14 days. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Gradual weaning is recommended for long-term users. In this case, there is no indication for this medication. Prescribing Xanax is not medically necessary.