

Case Number:	CM15-0032666		
Date Assigned:	02/26/2015	Date of Injury:	10/07/2013
Decision Date:	04/10/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/20/2015

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 50 year old female who sustained an industrial injury on 10/07/2013. Current diagnoses include sprain/strain cervical-neck, strain upper arm and shoulder, depression, and headache. Previous treatments included medication management. Report dated 10/20/2014 noted that the injured worker presented with complaints that included moderate pain in the left elbow and headache. Physical examination was positive for abnormal findings. Utilization review performed on 02/09/2015 non-certified a prescription for pantoprazole and Tramadol, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20 mg Qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with unrated moderate pain to the left shoulder, and left frontal/temporal headaches. The patient's date of injury is 10/07/13. Patient has no documented surgical history directed at this complaint. The request is for PANTOPRAZOLE 20MG QTY 60. The RFA was not provided. Physical examination dated 10/20/14 is handwritten and largely illegible; the only legible physical finding is decreased range of motion to the left shoulder. The patient's current medication regimen was not provided. Diagnostic imaging was not included. The patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. PPIs are also allowed for prophylactic use along with NSAIDs, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regards to the request for Pantoprazole, the treater has not included GI assessment or complaints of GI upset to substantiate such a medication. There is no discussion of NSAID utilization provided and there is no discussion of gastric complaints or evidence of GI symptom relief owing to PPI utilization. Without a clearer picture of this patient's clinical presentation or medication regimen, this medication cannot be substantiated. Therefore, the request IS NOT medically necessary.

Tramadol 150 mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with unrated moderate pain to the left shoulder, and left frontal/temporal headaches. The patient's date of injury is 10/07/13. Patient has no documented surgical history directed at this complaint. The request is for TRAMADOL 150MG QTY 30. The RFA was not provided. Physical examination dated 10/20/14 is handwritten and largely illegible; the only legible physical finding is decreased range of motion to the left shoulder. The patient's current medication regimen was not provided. Diagnostic imaging was not included. The patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol states: "Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain." In regards to the request of Tramadol for the management of this patient's chronic pain, treater has not provided adequate documentation to continue this medication. It is not clear how long this patient has been taking Tramadol and to what effect. Most recent progress note dated 10/20/14 does not provide documentation of pain relief or functional improvement attributed to this medication. Treater also does not provide an initial or repeat consistent drug screen results or specifically address aberrant behavior. Without a clearer rationale provided for this medication's use, and given the lack of 4A's documentation as required by MTUS, the

request is cannot be substantiated. The request IS NOT medically necessary.