MAXIMUS Federal Services

Case Number:	CM15-0041976		
Date Assigned:	03/11/2015	Date of Injury:	05/14/2010
Decision Date:	04/15/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/04/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 35-year-old female, who sustained an industrial injury on 5/14/2010. The mechanism of injury was not noted. A car accident was noted on 11/12/2013, with injury to her mid and low back. A separate injury in 2000 was documented. The injured worker was diagnosed as having impingement syndrome of the right and shoulders, status post right shoulder decompression (date unspecified), right lateral epicondylitis, cervical strain, and left partial rotator cuff tear. Treatment to date has included conservative measures, including diagnostics, injections, and medications. Currently, the injured worker complains of not being able to lift her right shoulder and pain. Objective findings included "adductor tendon release tense over the biceps tendon is another problem more than the rotator cuff." Speed test was positive and impingement sign was mildly positive. Diagnostic testing results were not noted. Medications included LidoPro ointment, Terocin patches, Naproxen, Flexaril, Tramadol ER, Protonix, Lunesta, and Tylenol.

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: 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): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain -Proton pump inhibitors (PPIs).

Decision rationale: Protonix 20mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation states that the patient takes the Protonix for "stomach upset." The documentation is not clear that the patient meets the patient has dyspepsia from NSAIDS. Furthermore, the ODG only recommends Protonix as second line proton inhibitor use after failure of first line use. For these reasons, the request for Protonix 20mg #60 is not medically necessary.

Tramadol ER 150mg #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 ongoing management Page(s): 78-80.

Decision rationale: Tramadol ER 150mg #60 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long-term opioids without significant functional improvement therefore the request for Tramadol ER 150mg #60 is not medically necessary.