

Case Number:	CM15-0043994		
Date Assigned:	03/13/2015	Date of Injury:	01/28/2014
Decision Date:	04/24/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/09/2015

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 28 year old female who sustained a work related injury January 28, 2014. According to the treating physician, she developed an insidious onset of both right shoulder and neck discomfort with tingling and numbness extending into the extremity. According to a primary treating physician's report dated January 15, 2015, the injured worker presented for a follow-up visit. There is improvement in the pain involving her neck with the epidural injection to a moderate degree, however, the tingling and numbness going down the right arm has not changed. The right shoulder and elbow discomfort is modestly improved with current medication. Diagnoses are documented as cervical radiculitis with bilateral C5& C6 encroachment, s/p C5-6 epidural steroid injection; right shoulder tendinopathy; right lateral epicondylitis. Treatment plan included medication dispensed; Voltaren, Protonix, and Ultram, electrodiagnostic studies and continue home-based exercise program, urine drug screen administered, and heating pad dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Diclofenac/Voltaren.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, MTUS for chronic pain medical treatment guidelines; states: "Anti-inflammatories Medications for chronic pain MTUS Page(s): 22; 60.

Decision rationale: This patient has a date of injury of 01/2/14 and presents with neck and shoulder pain numbness and tingling down the right arm. The current request is for VOLTAREN 100MG #30. Regarding NSAIDs, MTUS for chronic pain medical treatment guidelines page 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 nonselective non-steroidal anti-inflammatory drugs - NSAIDs - in chronic LBP and of antidepressants in chronic LBP." The treating physician states that Voltaren is prescribed for the patient's "extensive inflammatory disorder plaguing this patient and non-tolerance to other NSAID medication." In this case, the patient has been using Voltaren since at least 04/04/14 with no documentation of efficacy in terms of pain reduction and functional improvement. MTUS page 60 require recording of pain and function when medications are used for chronic pain. The request IS NOT medically necessary.

Protonix 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors.

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

Decision rationale: This patient has a date of injury of 01/2/14 and presents with neck and shoulder pain numbness and tingling down the right arm. The current request is for PROTONIX 20MG #60. The MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients for gastrointestinal events including: ages greater than 65, history of peptic ulcer disease and GI bleeding or perforation, concurrent use of ASA or corticoid and/or anticoagulant, high dose/multiple NSAID. This patient has been utilizing Voltaren concurrently with Protonix since at least 04/04/14. The treating physician states that Protonix is prescribed for the patient history of gastritis and to prevent gastric ulcerative given the patients long term use of NSAID. In this case, the patient has a history of NSAID use and has gastritis. This medication is prescribed in accordance to MTUS guidelines. The request for Protonix IS medically necessary.

Ultram ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: This patient has a date of injury of 01/2/14 and presents with neck and shoulder pain numbness and tingling down the right arm. The current request is for ULTRAM ER 150MG. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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. There is no specific discussion regarding medication efficacy. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.