

Case Number:	CM15-0044385		
Date Assigned:	03/16/2015	Date of Injury:	10/03/2014
Decision Date:	04/22/2015	UR Denial Date:	03/02/2015
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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, 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 42 year old female, who sustained an industrial injury on 10/03/2014. She reported the development of pain to the neck, hands, shoulders, back, legs, knees, and feet secondary to repetitive motion of bending, taping of boxes, inputting merchandise on boxes, pulling carts with merchandise, lifting and carrying boxes, and going up and down stairs with merchandise. The injured worker was diagnosed as having cervical spine pain, left shoulder pain, left shoulder rotator cuff tendinopathy, left shoulder internal derangement, bilateral hand and wrist pain, rule out carpal tunnel to the left wrist, bilateral knee pain, chondromalacia to the bilateral knees, bilateral ankle pain, stress, and sleep disorder. Treatment to date has included radiographs to the left shoulder, cervical spine, wrists, lumbar spine, and bilateral shoulders; electromyogram with nerve conduction velocity study of the bilateral upper extremities; physical therapy; use of a transcutaneous electrical nerve stimulation unit; use of a back brace; and psychotherapy. In a progress note dated 02/04/2015 the treating provider reports complaints of continuous to intermittent pain to the neck, left shoulder, bilateral wrist/hand, low back, bilateral legs, bilateral knees, and bilateral feet with the pain described at times as sharp, burning, and throbbing. The pain was also noted to radiate to the toes with numbness in the feet, popping and locking in the left and right knees with swelling, radiation pain to the ankles with swelling and numbness to the legs, radiating pain to the legs with swelling, numbness, and tingling to the legs, radiating pain to the bilateral fingers with numbness, tingling, and weakness to the left and right hand and wrist, popping in the left shoulder, radiating pain to the bilateral shoulder blades, stiffness of the neck, and frequent headaches. The treating physician requested the prescriptions

of the medications of Anaprox and Tramadol for pain relief and Protonix for gastrointestinal protection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg (dosage unspecified) quantity #60 refill unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON SELECTIVE NSAIDS Page(s): 72.

Decision rationale: Naproxen (Naprosyn): delayed release (EC-Naprosyn), as Sodium salt (Anaprox, Anaprox DS, Aleve (OTC)) Generic available; extended-release (Naprelan): 375 mg. Different dose strengths and formulations of the drug are not necessarily bioequivalent. Dosing Information: Osteoarthritis or ankylosing spondylitis: Dividing the daily dose into 3 doses versus 2 doses for immediate-release and delayed-release formulations generally does not affect response. Morning and evening doses do not have to be equal in size. The dose may be increased to 1500 mg/day of naproxen for limited periods when a higher level of analgesic/anti-inflammatory activity is required (for up to 6 months). Naprosyn or naproxen: 250-500 mg PO twice daily. Anaprox: 275-550 mg PO twice daily. (Total dose may be increased to 1650 mg a day for limited periods). EC-Naprosyn: 375 mg or 500 mg twice daily. The tablet should not be broken, crushed or chewed to maintain integrity of the enteric coating. Naprelan: Two 375 mg tablets (750 mg) PO once daily or two 500 mg tablets (1000 mg) once daily. If required (and a lower dose was tolerated) Naprelan can be increased to 1500 mg once daily for limited periods (when higher analgesia is required). Pain: Naprosyn or naproxen: 250-500 mg PO twice daily. The maximum dose on day one should not exceed 1250 mg and 1000 mg on subsequent days. Anaprox: 275-550 mg PO twice daily. The maximum dose on day one should not exceed 1375 mg and 1100 mg on subsequent days. Extended-release Naprelan: Not recommended due to delay in absorption. (Naprelan Package Insert) There is no documentation of the rationale behind the long-term use of anaprox. NSAID should be used for the shortest duration and the lowest dose. There is no documentation from the patient file that the provider titrated anaprox to the lowest effective dose and used it for the shortest period possible. Anaprox was used without clear documentation of its efficacy. Furthermore, there is no documentation that the provider followed the patient for NSAID adverse reactions that are not limited to GI side effect, but also may affect the renal function. Therefore, the request for anaprox 550mg #60 is not medically necessary.

Tramadol 50mg (dosage unspecified) quantity #60 refill unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear documentation of pain and functional improvement with previous use of the Tramadol. There is no clear documentation of continuous documentation of patient compliance to his medications. There is no documentation of the medical necessity of Tramadol over NSAID. Therefore, the prescription of Tramadol 50 mg #60 is not medically necessary.

Protonix 20 mg (dosage unspecified) quantity #30 refill unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

Decision rationale: According to MTUS guidelines, Protonix is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient is at an increased risk of GI bleeding. There is no justification for the prescription of Protonix. Therefore the prescription of Protonix 20 mg #30 is not medically necessary.