

Case Number:	CM15-0046124		
Date Assigned:	03/18/2015	Date of Injury:	01/31/2014
Decision Date:	04/23/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/11/2015

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 43 year old female, who sustained an industrial injury on 1/31/2014. She has reported tripping and falling. The diagnoses have included right shoulder impingement syndrome. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Tramadol, joint injection to shoulder and physical therapy. Currently, the IW complains of persistent discomfort in the right shoulder. The physical examination from 1/19/15 documented decreased tenderness in bicipital groove and decreased crepitance with active shoulder motion. The medical records indicted improved Range of Motion (ROM) with physical therapy. The plan of care included to continue medications as directed and continue the home based exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Protonix 20mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (chronic), Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk Page(s): 69.

Decision rationale: Based on the 02/16/15 progress report provided by treating physician, the patient presents with right shoulder pain. The request is for RETRO: PROTONIX 20MG QUANTITY 60. Patient's diagnosis per Request for Authorization form dated 02/16/15 includes right shoulder impingement syndrome. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), joint injection to shoulder and physical therapy. Patient's medications include Protonix, Tylenol 3, Voltaren, Tramadol, and Prevacid. Patient may work with restrictions, per treater report dated 02/16/15. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Protonix was dispensed per treater report dated 02/16/15, which states "provided given the patient's prior history of non-tolerance to NSAID medication with history of gastritis and to prevent gastric ulceration given the need for NSAID medication." Per progress report dated 02/16/15, treater states the patient reports "some improved function and sleep with the use of the provided medications." Patient is on oral NSAID therapy, and treater documented history of gastritis. Prophylactic use of PPI is indicated by MTUS. Therefore, the request WAS medically necessary.

Retrospective Tylenol 3 300/30mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Criteria for Use of Opioids.

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

Decision rationale: Based on the 02/16/15 progress report provided by treating physician, the patient presents with right shoulder pain. The request is for TYLENOL 3 300/30MG QUANTITY 60. Patient's diagnosis per Request for Authorization form dated 02/16/15 includes right shoulder impingement syndrome. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), joint injection to shoulder and physical therapy. Patient's medications include Protonix, Tylenol 3, Voltaren, Tramadol, and Prevacid. Patient may work with restrictions, per treater report dated 02/16/15. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a 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 pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." Tylenol#3 was

dispensed per treater report dated 02/16/15, which states "prescribed for the patient's current pain that exceeds a moderate level and the enhanced function achieved with ADL on the medication." Per progress report dated 02/16/15, treater states the patient reports "some improved function and sleep with the use of the provided medications." In this case, the treater provides general statements and has not discussed how Tylenol #3 reduces pain or significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDSs, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. If treater's intent was to initiate this opiate for chronic pain, it would be allowed by MTUS based on records with regards to current medication use, aim of use, potential benefits and side effects, which have not been provided. Given the lack of documentation as required by guidelines, the request WAS NOT medically necessary.

Retrospective Voltaren Extended Release 100mg quantity 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter, Diclofenac.

Decision rationale: Based on the 02/16/15 progress report provided by treating physician, the patient presents with right shoulder pain. The request is for VOLTAREN EXTENDED RELEASE 100MG QUANTITY 30. Patient's diagnosis per Request for Authorization form dated 02/16/15 includes right shoulder impingement syndrome. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), joint injection to shoulder and physical therapy. Patient's medications include Protonix, Tylenol 3, Voltaren, Tramadol, and Prevacid. Patient may work with restrictions, per treater report dated 02/16/15. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. ODG-TWC, Pain (Chronic) Chapter, under Diclofenac states: "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. For people at very low risk, it may be an option. (McGettigan, 2011)" Voltaren was dispensed per treater report dated 02/16/15, which states "provided for the extensive inflammatory disorders plaguing this patient and non-tolerance to other NSAID medication." Per progress report dated 02/16/15, treater states the patient reports "some improved function and sleep with the use of the provided medications." Treater has documented patient failed other NSAIDs, for which ODG provides support. MTUS supports NSAIDs given patient's diagnosis, symptoms, and treater's documentation of medication efficacy. The request appears reasonable and in accordance with guidelines. Therefore, the request WAS medically necessary.

