

Case Number:	CM15-0048115		
Date Assigned:	03/20/2015	Date of Injury:	01/29/2015
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/13/2015

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: Internal 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 51-year-old female, who sustained an industrial injury on January 29, 2015. The injured worker had reported a head, left shoulder and left leg injury. The diagnoses have included closed head injury; rule out cerebrospinal fluid leak, left shoulder impingement syndrome and thoracic myofascial pain. Treatment to date has included medications, radiological studies and physical therapy. Current documentation dated February 18, 2015 notes that the injured worker reported significant pain in the left shoulder with a limited range of motion in the mid-back. She also reported headaches and intermittent clear fluid leaking from her ears. Physical examination of the left shoulder revealed a decreased range of motion. Impingement signs were positive. Neurological examination of the upper extremities was normal. Examination of the thoracic spine revealed mid-thoracic tenderness and limited range of motion. The treating physician's plan of care included a request for retrospective Tramadol, Anaprox and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Protonix 20mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page 68-69.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. The primary treating physician comprehensive orthopedic evaluation dated February 18, 2015 did not document gastrointestinal complaints or conditions. Because of the absence of gastrointestinal conditions, the request for the proton pump inhibitor Protonix (Pantoprazole) is not supported, in accordance with MTUS guidelines. Therefore, the request for Protonix is not medically necessary.

Retrospective request for Anaprox 550mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73. Decision based on Non-MTUS Citation FDA Prescribing Information Anaprox Naproxen http://www.accessdata.fda.gov/drugsatfda_docs/label/2008/017581s110,18164s60,18965s18,20067s171bl.pdf.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that nonsteroidal anti-inflammatory drugs (NSAID) can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely. FDA Prescribing Information indicates that Naproxen may decrease platelet aggregation and prolong bleeding time. The primary treating physician comprehensive orthopedic evaluation dated February 18, 2015 documented that the patient reported that she had headaches, and clear fluid leaking out of her ears status post the head injury. The diagnosis was closed head injury, rule out CSF

cerebrospinal fluid leak, clear liquid leaking from ears. The physician was concerned about the clear fluid that has been leaking out of the patient's ears since the head injury, and requested a neurological assessment to rule out CSF leak. No recent blood pressure measurements were present in the submitted medical records. MTUS guidelines recommend monitoring of blood pressure. Medical records do not present recent laboratory test results, which are recommended for NSAID use per MTUS. ACOEM indicates that non-steroidal anti-inflammatory drugs (NSAID) should be used only acutely. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. The use of the NSAID Anaprox (Naproxen) is not supported by MTUS guidelines. Therefore, the request for Anaprox (Naproxen) is not medically necessary.

Retrospective request for Tramadol ER 150mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Pages 93-94, 113, 123. Decision based on Non-MTUS Citation FDA Prescribing Information Tramadol <http://www.drugs.com/pro/tramadol-capsules.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Tramadol (Ultram) is a centrally acting synthetic opioid analgesic. FDA Prescribing Information has a warning to use Tramadol with caution in patients with head injury. The primary treating physician comprehensive orthopedic evaluation dated February 18, 2015 documented that the patient reported that she had headaches, and clear fluid leaking out of her ears status post the head injury. The diagnosis was closed head injury, rule out CSF cerebrospinal fluid leak, clear liquid leaking from ears. The physician was concerned about the clear fluid that has been leaking out of the patient's ears since the head injury, and requested a neurological assessment to rule out CSF leak. Given the patient's history of head injury, the use of Tramadol is not recommended by FDA guidelines. Therefore, the request for Tramadol is not medically necessary.