

Case Number:	CM15-0049137		
Date Assigned:	03/23/2015	Date of Injury:	08/09/2011
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/16/2015

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 male who sustained a work related injury on August 9, 2011, after a twisting injury at a bakery, incurring injuries to his left arm with a tear to the biceps tendon. Treatment included pain medications, anti-inflammatory drugs, and a surgical exploration of the biceps and ulnar nerves. He was also diagnosed with carpal tunnel syndrome with ulnar neuropathy. Currently, the injured worker complained of stiffness and pain in his right forearm, wrist and shoulder. The treatment plan that was requested for authorization included prescription for Voltaren ER, Protonix, and Ultram ER, retrospectively for February 23, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren ER 100mg #30 (retrospective 2/23/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents with left shoulder and left upper extremity pain at the site of the bicep rupture. The physician is requesting Voltaren er 100 mg, quantity #30, retrospective 02/23/2015. The RFA dated 02/23/2015 shows a request for Voltaren ER 100 mg 1 tablet per day, quantity 30. The patient's date of injury is from 08/09/2011, and he is currently on modified duty. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient was prescribed Voltaren ER on 12/18/2014. None of the reports discussed medication efficacy as it relates to the use of Voltaren ER. Given the lack of functional improvement while utilizing this medication, the request IS NOT medically necessary.

Protonix 20mg #60 (retrospective 2/23/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines proton pump inhibitor drug Page(s): 68.

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

Decision rationale: This patient presents with left shoulder and left upper extremity pain at the site of the bicep rupture. The physician is requesting Protonix 20 mg, quantity #60, retrospective 02/23/2015. The RFA dated 02/23/2015 shows a request for Protonix 20 mg 1 tablet twice a day, quantity 60. The patient's date of injury is from 08/09/2011, and he is currently on modified duty. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "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. Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The records show that the patient was prescribed Protonix on 12/18/2014. The 02/23/2015 report notes that the patient has a history of gastritis due to intolerance of NSAID medications. In this case, the physician has documented gastrointestinal events and the continued use of Protonix is warranted. The request IS medically necessary.

Ultram ER 150mg #60 (retrospective 2/23/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with left shoulder and left upper extremity pain at the site of the bicep rupture. The physician is requesting Ultram er 150 mg, quantity #60, retrospective 02/23/2015. The RFA dated 02/23/2015 shows a request for Ultram ER 150 mg 1 tablet daily, may increase to 2 times daily as needed, quantity #60. The patient's date of injury is from 08/09/2011, and he is currently on modified duty. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The records show that the patient was prescribed Ultram ER on 12/18/2014. None of the reports document before and after pain scales. There are no discussions about specific activities of daily living. There are no reports of side effects and no aberrant drug-seeking behaviors such as a urine drug screen or CURES report to show adherence to medications. Given the lack of sufficient documentation showing analgesia for chronic opiate use, the patient should now be slowly weaned as outlined in the MTUS Guidelines. The request IS NOT medically necessary.