

Case Number:	CM15-0055302		
Date Assigned:	04/14/2015	Date of Injury:	11/19/2012
Decision Date:	05/13/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/23/2015

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 (IW) is a 54 year old female who sustained an industrial injury on 11/19/2012. She reported injury to her left arm and shoulder. The injured worker was diagnosed as having a labral tear in the left shoulder. Treatment to date has included a left shoulder decompression and labral repair. According to the Utilization Review of 12/21/2014 which referenced progress notes of the physician of 12/10/14 and miscellaneous notes dated 12/22/2014 the injured worker complains of narcotics causing constipation, bloating, and dizziness. The plan of care includes suture removal and medications of Tylenol #3, Lidopro cream, Nalfon, Protonix, and Tramadol ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nalfon 400mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67-73.

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

Decision rationale: The patient presents with pain and weakness in her neck and left shoulder. The request is for Nalfon 400MG #60. The treater provided two progress reports which contain little information regarding the patient's condition, treatment's history, medication, etc. Work status is unknown. For anti-inflammatory medications, the MTUS 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." NSAIDs are effective for chronic LBP, MTUS also states. In this case, none of the reports mention medication, how it's used and with what effectiveness. MTUS p60 require recording of pain and function when medications are used for chronic pain. The request IS NOT medically necessary.

Protonix 20mg #60: 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): 69.

Decision rationale: The patient presents with pain and weakness in her neck and left shoulder. The request is for Protonix 20MG #60. The treater provided two progress reports which contain little information regarding the patient's condition, treatment's history, medication, etc. Work statue is unknown. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID e.g., NSAID + low-dose ASA. In this case, none of the reports mention medication. The treater does not provide any GI assessment to determine whether or not the patient would require prophylactic use of PPI. There are no documentations of any GI problems such as GERD or gastritis to warrant the use of PPI either. The request IS NOT medically necessary.

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain and weakness in her neck and left shoulder. The request is for Tramadol ER 150MG #60. The treater provided two progress reports which contain little information regarding the patient's condition, treatment's history, medication, etc.,. Work statue is unknown. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's 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. In this case, none of the reports specifically discusses this medicine. Provided reports do not mention any medications nor their efficacy. MTUS require specific documentation of the four A's for the use of opiates but there is no mention of analgesia, ADL's, opiates management

including UDS's, CURES, pain contracts, etc. Without such discussion, on-going use of opiates is not recommended. There is no discussion as to whether or not this medication is being tried for the first time either. Furthermore, the patient's diagnosis is cervical sprain/strain and trapezial and scapulothroracic discomfort associated with a left frozen shoulder. There is no documentation of nociceptive pain, or on-going tissue destruction. No neuropathy condition is documented for which opiates may be an option for long-term use. The request IS NOT medically necessary.