

Case Number:	CM15-0081957		
Date Assigned:	05/04/2015	Date of Injury:	08/04/2013
Decision Date:	09/17/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/29/2015

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

Certification(s)/Specialty: Family Practice

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 58 year old female with an industrial injury dated 08-04-2013. The injured worker's diagnoses include adhesive capsulitis status post left shoulder surgery in March 2014, cervical thoracic myofascial pain, rule out herniated nucleus pulposus thoracic spine, and reactive anxiety and depression. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 03-12-2015, the injured worker reported left shoulder pain rated 7 out of 10, cervical pain rated a 5 out of 10, thoracic pain rated a 6 out of 10, and low back pain rated a 5 out of 10. Objective findings revealed flat affect, tenderness of the left shoulder, limited left shoulder range of motion with pain, and spasm of the left deltoid musculature and cervical trapezius decrease. The treatment plan consisted of physical therapy, diagnostic studies, continuation of lumbo-sacral orthosis (LSO), transcutaneous electrical nerve stimulation (TENS), and medication management. The treating physician prescribed retrospective request for Tramadol 150 MG #60, Naproxen 550 MG #90, Pantoprazole 20 MG #90 and Cyclobenzaprine 7.5 MG #90 with date of service: 03-12-15, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Tramadol 150 MG #60 DOS 3/12/15: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pp.78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, the provider appropriately documented the above review regarding Tramadol use, including reports of pain reduction and functional gains to help support the continuation of this medication, which also has allowed the worker to use less immediate acting opioids (Hydrocodone). Therefore, it is medically necessary and appropriate to continue the Tramadol as prescribed and requested.

Retro Naproxen 550 MG #90 DOS 3/12/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, pp. 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, there was record of having used Naproxen chronically leading up to this request. Although reports suggest no obvious side effects from this besides significant stomach irritation, the ongoing use of this type of medication carries significant side effect risks moving forward, and with options to use other medications with less risk, there is no evidence presented to suggest this medication would be medically necessary, considering the risks and benefits together. Continued use of this medication also has produced a need for very high doses of Pantoprazole, which is also bringing significant risks associated with its use. Therefore, the Naproxen is not medically necessary at this time.

Retro Pantoprazole 20 MG #90 DOS 3/12/15: 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, pp. 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors (PPIs).

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The ODG states that decisions to use PPIs long-term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia and cancer; and more recently adverse cardiovascular effects. PPIs have a negative effect on vascular function, increasing the risk for myocardial infarction (MI). H2-blockers, on the other hand have not been associated with these side effects in general. In the case of this worker, there was record of requiring high doses of Pantoprazole to counter stomach irritation from medication use. There was no evidence, however, of a history of an elevated risk of gastrointestinal events outside of his NSAID use. Therefore, due to the unusual high doses required and even higher side effect risks associated with continued use and due to the fact that this reviewer also is recommended the worker discontinue the Naproxen, the Pantoprazole 20 mg three times daily request is inappropriate and not medically necessary at this time.

Retro Cyclobenzaprine 7.5 MG #90 DOS 3/12/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pp. 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was record of having used Cyclobenzaprine chronically, far beyond what is generally recommended for an acute flare up of muscle spasm. Based on the request, the intention is to continue to prescribe this medication for daily use and chronically, which is not recommended by the Guidelines. Therefore, the request for Cyclobenzaprine is not medically necessary at this time.