

Case Number:	CM14-0142317		
Date Assigned:	09/10/2014	Date of Injury:	03/30/2012
Decision Date:	10/10/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 43-year-old female with a 3/30/12 date of injury. The exact mechanism of injury was not described. According to a progress report dated 7/7/14, the patient complained of low back pain rated as a 7/10 and increasing shoulder pain rated as an 8/10. She stated that medications facilitate improved activity and function and decrease his pain levels. The patient reported that activities of daily living are maintained with medication, and she noted improved range of motion and greater tolerance to exercise and adherence to recommended activity level. She indicated that Tramadol ER at 300mg/day facilitates an average of four point decrease in pain as well as greater range of motion and exercise tolerance. Hydrocodone adequately palliates severe breakthrough pain and she takes no more than 2-3/day. She also stated that his achy pain component was significantly decreased with NSAID, approximately 3 points on a 10 scale. It enabled greater range of motion. The patient has been taking Pantoprazole at dosing of 3 times a day which has alleviated her GI upset with NSAID use. Objective findings: tenderness lumbar spine, lumbar range of motion (ROM) normal, tenderness right shoulder, positive shoulder impingement sign. Diagnostic impression: neural encroachment L4-5 with radiculopathy, rule out impingement/rotator cuff pathology, right shoulder. Treatment to date: medication management, activity modification, transcutaneous electrical nerve stimulator (TENS) unit, chiropractic treatment, epidural steroid injection (ESI), and physical therapy. A UR decision dated 8/22/14 denied the retrospective requests for Tramadol ER, Hydrocodone 10/325mg, Naproxen, and Pantoprazole. Regarding Tramadol ER and Hydrocodone 10/325mg, the current medication regimen is subjectively reported to decrease pain scores and allow the claimant to be functional, there is no supporting evidence of objective functional improvement. There is no documentation of a current urine drug test, risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and claimant as mandated by CA

MTUS. Regarding Naproxen, though the current medication regimen is subjectively reported to decrease pain scores and allow the claimant to be functional, there is no supporting evidence of objective functional improvement. Regarding Pantoprazole, this is an "N" drug on the Official Disability Guidelines (ODG) formulary. There is no documentation of failed trials of "Y" drugs in this class and documentation indicating that this medication is more beneficial to the claimant than a "Y" drug on the ODG formulary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective use of Tramadol ER 150mg #60 (DOS: 06/02/14, 07/07/14): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a 7/7/14 progress note, the patient stated that taking Tramadol ER 300mg/day facilitates an average of 4 points decrease in pain as well as greater range of motion and exercise tolerance. Her activities of daily living had at times, before medication on board, been in jeopardy but are not maintained. With medication, she has improved range of motion, greater tolerance to exercise, and adherence to recommended activity level. Guidelines support the use of opioid medications with documented pain relief and functional improvement. Therefore, the request for retrospective use of Tramadol ER 150mg #60 (DOS: 06/02/14, 07/07/14) was medically necessary.

Retrospective use of Hydrocodone 10/325mg #60 (DOS: 07/07/14): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a 7/7/14 progress note, the patient stated that Hydrocodone adequately palliates her severe breakthrough pain, and she takes no more than 2 to 3 tablets per day. In addition, her activities of daily living are maintained with medication use including grocery shopping, essential

household duties, and caring for self. She has improved range of motion, greater tolerance to exercise, and adherence to recommended activity level. Guidelines support the use of opioid medications with documented pain relief and functional improvement. Therefore, the request for Retrospective use of Hydrocodone 10/325mg #60 (DOS: 07/07/14) was medically necessary.

Retrospective use of Naproxen Sodium 550mg #90 (DOS: 06/02/14, 07/07/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS

Decision rationale: CA MTUS states that NSAIDs are effective, although they 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. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In a 7/7/14 progress note, the patient stated that his achy pain component is significantly decreased with NSAID use, approximately 3 points on a 10 scale. NSAID use enables greater range of motion. Guidelines support the continued use of NSAID use with documentation of functional improvement and pain relief. Therefore, the request for Retrospective use of Naproxen Sodium 550mg #90 (DOS: 06/02/14, 07/07/14) was medically necessary.

Retrospective use of Pantoprazole 20mg #90 (DOS: 06/02/14, 07/07/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Pantoprazole (Protonix))

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. It is noted that the patient's use of Pantoprazole improves her NSAID-induced gastritis symptoms. However, it is documented that she is currently taking Pantoprazole 20mg, 1 tablet 3 times a day. FDA dosing guidelines recommend Pantoprazole as a once daily medication. As a result, 90 tablets would make this a 3-month supply, and the patient is noted to have follow-up visits with his provider monthly. Therefore, the request for retrospective use of Pantoprazole 20mg #90 (DOS: 06/02/14, 07/07/14) was not medically necessary.