

Case Number:	CM14-0169552		
Date Assigned:	10/17/2014	Date of Injury:	01/22/2010
Decision Date:	12/12/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/14/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine 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:

The injured worker is a 41 year-old male with a date of injury of January 22, 2010. The patient's industrially related diagnoses include localized primary osteoarthritis of the shoulder region, disorder of bursa of shoulder region, calcific tendonitis of shoulder, brachial neuritis, displacement of the cervical and lumbar intervertebral disc without myelopathy, and neck pain. The disputed issues are prescriptions for Anaprox 550mg #60, Norflex 100mg #60, Pantoprazole 40mg #30, and Ultram 50mg #30. A utilization review determination on 9/12/2014 had non-certified these requests. The stated rationale for the denial was that the treating physician did not mention any medications in her report of 8/21/14. There was no documentation that the treating physician ordered, requested, or dispensed these medications on 8/21/14. The utilization review stated: "Absent such documentation (an Rx or formal request), approval cannot be granted."

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-68.

Decision rationale: Anaprox 550mg (Naproxen 550mg) is a non-steroidal anti-inflammatory drug (NSAID). The Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. In the progress reports available for review, it was documented that Anaprox was previously prescribed on 4/26/2013 and was started again on 6/24/2014. The injured worker was taking Advil in the interim. However, there was no indication in the subsequent reports after the Anaprox was prescribed again that it was providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Based on lack of documentation, medical necessity for Anaprox 550mg #60 cannot be established.

Norflex 100mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Specifically regarding Norflex (Orphenadrine), the guidelines state: "This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." In regard to Norflex 100mg, the documentation indicates long-term use as the injured worker was prescribed this muscle relaxer on 5/24/2013 and again on 6/24/2014. However, in the following progress reports, there was no documentation of specific analgesic benefit or objective functional improvement as a result of the Norflex. Based on guidelines, the request of Norflex 100mg #60 is not medically necessary.

Pantoprazole 40mg QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs and GI & Cardiovascular Risk Page(s): 68-60.

Decision rationale: Pantoprazole 40mg (Brand: Protonix) is a proton pump inhibitor (PPI). The Chronic Pain Medical Treatment Guidelines recommend that if a patient is at intermediate risk for gastrointestinal events and has no cardiovascular disease, then a non-selective NSAID with a PPI can be used. The following criteria is used to determine if a 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)." Additionally, Official Disability Guidelines recommend Nexium, Protonix, Dexilant, and Aciphex for use as 2nd line agents, after failure of omeprazole or lansoprazole. In the progress reports available for review, it is documented that the injured worker is prescribed Anaprox 550mg, an NSAID, but there is no indication that the injured worker has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). Based on the guidelines, there is no indication for a PPI for his industrial injury. Therefore, pantoprazole 40mg #30 with is not medically necessary at this time.

Ultram 50mg QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to return to Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioids Page(s): 76-80, 94.

Decision rationale: Tramadol 50mg (Ultram) is a synthetic opioid affecting the central nervous system. As of July 2014, the DEA changed the classification of Tramadol to a schedule IV controlled substance. Since Tramadol is an opioid, it is subject to the ongoing monitoring requirements as stated in the Chronic Pain Medical Treatment Guidelines: "The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines go on to recommend discontinuing opioids if there is no documentation of improvement in function and pain. In the case of this injured worker, there was no documentation addressing the 4 A's recommended for ongoing monitoring of patients on opioids. According to the progress reports available for review, Tramadol was previously prescribed on 5/24/2013 and again on 6/24/2014. However, in the subsequent reports, there was no indication that the medication was improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. According to the guidelines, use of opioids is not recommended if there is no overall improvement in function and pain. Due to a lack of adequate documentation regarding the use of this opioid, medical necessity cannot be established for Tramadol 50mg #30. This adverse recommendation does not imply abrupt cessation and the treating physician should either supply the requisite information or taper the patient as he or she sees fit.