

Case Number:	CM14-0173109		
Date Assigned:	10/24/2014	Date of Injury:	08/30/2010
Decision Date:	12/03/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/20/2014

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 Family Medicine and is licensed to practice in Colorado. 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:

41 year old male with date of injury 8/30/2010, continues follow up with the treating physician. Patient reported pain in right forearm and inside aspect right elbow 2 months before incident at work 8/30/2010 when he slipped on ice and caught himself with his right arm as he grabbed a shelf. He then had sharp and burning pain through his right upper extremity. Patient has had persistent pain issues and multiple evaluations / treatments for the right arm and right shoulder since that time, including but not limited to, non-steroidal anti-inflammatory drugs, narcotics, muscle relaxers, physical therapy, ice and heat therapy, TENS unit, surgery to both right shoulder and elbow, and injections to right elbow. Surgical interventions have helped somewhat for shoulder range of motion and pain in elbow, and per the records supplied, patient has been using much less medication than previous. Per the treating physician's 9/15/2014 office note, patient much improved with regard to elbow pain and not needing much medication or refills at that time. At that office visit, patient was 3 weeks post-operative from right epicondyle release, osteotomy, release of flexors and advance of flexors. The treating physician also noted at that visit that patient was to start physical therapy in the next week and may need more pain medications in that situation. Patient has also had weight loss and reflux, worse since started non-steroidal anti-inflammatory drugs. He has a Gastroenterology consult pending. The treating physician has placed a request for medications that he indicates patient will need after his next office visit, 6 weeks after the September office visit. The medications requested for review here are Naproxen, Ultracet, and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, Nonselective NSAIDs, Anti-Inflammatory Medications. Decision based on Non-MTUS Citation Post-Operative Pain Management. In: Bader P, Echte D, Fonteyne V, Livada K, De Meerleer G, Paez Borda A, Papaioannou EG, Vranken JH. Guidelines on Pain Management. Arnhem, The Netherlands: European Association of Urology (EAU); 2010 Apr. p. 61-82

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 22; 68.

Decision rationale: Per the guidelines, non-steroidal anti-inflammatory drugs can be used for combinations of pain, primarily nociceptive pain and neuropathic pain, though the evidence is not strong. Patient is 3 weeks post-operative, so still in an acute postsurgical pain period, with nociceptive and neuropathic pain. Non-steroidal anti-inflammatory drugs are indicated for acute moderate to severe pain. Non-steroidal anti-inflammatory drugs do carry risks of gastrointestinal symptoms and cardiovascular and renal effects. The following questions should be taken into consideration when providing non-steroidal anti-inflammatory drugs for pain patients:(1) age greater than 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). Per the Guidelines, a patient at intermediate risk for gastrointestinal event, but at no risk from cardiovascular event, would need a non-selective non-steroidal anti-inflammatory drug, and Proton Pump Inhibitor to protect stomach. Patient of concern is post-operative, so needs medication to decrease inflammation, swelling and pain. The Naproxen, as prescribed, is considered medically necessary.

Protonix 20 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 68.

Decision rationale: Per the Guidelines, a patient at intermediate risk for gastrointestinal event, but at no risk from cardiovascular event, would need a non-selective non-steroidal anti-inflammatory drug, and Proton Pump Inhibitor to protect stomach. Non-steroidal anti-inflammatory drugs do carry risks of gastrointestinal symptoms and cardiovascular and renal effects. The following questions should be taken into consideration when providing non-steroidal anti-inflammatory drugs for pain patients:(1) age greater than 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). Patient of concern is post-operative, so needs medication to decrease inflammation, swelling and pain. He will therefore require non-steroidal anti-inflammatory drugs, for some period. He does not have a history of peptic ulcer disease, but does, per the records; have a history of gastroesophageal

reflux which has become worse, associated with weight loss, with non-steroidal anti-inflammatory drug use. Therefore, patient will require Proton Pump Inhibitor, such as Protonix, to protect stomach when has to take non-steroidal anti-inflammatory drugs. The request for Protonix is considered medically necessary.

Ultracet 37.5/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Weaning of Medications, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 75-77, 79-80, 82, 84-85, 88-89, and 93-94.

Decision rationale: Ultracet is a combination medication of Acetaminophen and Tramadol. In combination medications, use is limited by the medication that is not recommended, so will only discuss Tramadol here. Per the Guidelines, opioids, including centrally acting synthetic opioid, Tramadol, can be recommended as a second-line treatment (alone or in combination with first-line drugs) for neuropathic pain, though the studies are not conclusive. In certain situations, opioids, including Tramadol, could be considered first line therapy. The patient of concern is currently only needing rare pain medications, per the treating physician's 9/15/2014 office note. The patient is 3 weeks post-operative and feeling much better overall. The treating physician is requesting Ultracet in advance of the need, which is anticipated when he starts physical therapy. Patient does have combination nociceptive and neuropathic pain, so Tramadol would be indicated for that. However, patient has a significant substance abuse history, and was actively using Marijuana daily as of 7/8/2014. Patient has already been taking Tramadol plain, and no monitoring/plan to prevent future substance abuse is noted in the records. As patient is recently post-operative and having little if any pain, recommend trial evaluation of patient with non-steroidal anti-inflammatory drug only. Opioids not yet indicated until trial of non-opioids has been tried and failed. The request for Ultracet is not medically indicated.