

Case Number:	CM14-0182474		
Date Assigned:	11/07/2014	Date of Injury:	11/23/2013
Decision Date:	12/15/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/03/2014

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 Occupational 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 claimant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of November 23, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; wrist splint; unspecified amounts of physical therapy over the course the claim; and extensive period of time off of work, on total temporary disability. In a Utilization Review Report dated October 7, 2014, the claims administrator failed to approve request for Norco, Naproxen, and Protonix. It was stated at the top of the report that all of the medications were being denied outright while the claims administrator stated that all of the drugs were being partially approved for weaning purposes. The applicant's attorney subsequently appealed. In an April 24, 2014 progress note, the applicant reported ongoing complaints of shoulder pain, moderate to severe, exacerbated by lifting and reaching overhead. Paresthesias were also reported. Elbow and wrist pain were also noted. The applicant stated that her pain was well controlled with medications. The attending provider stated that the applicant was able to do activities of daily living but did not elaborate or expound upon the extent of the same. Flexeril, naproxen, and tramadol were endorsed, along with unspecified topical compounds. Electrodiagnostic testing and wrist splints were also sought while the applicant was placed off of work, on total temporary disability. It was not clearly stated whether the medications in question were first-time request or renewal request. In May 22, 2014 progress note; the applicant was again placed off of work, on total temporary disability, owing to ongoing wrist, shoulder, and elbow pain complaints. On June 16, 2014, the applicant reported multifocal complaints of wrist, elbow, and shoulder pain, 6-8/10, exacerbated by gripping, grasping, and lifting. It was stated that the applicant was difficulty performing gripping and grasping with the injured hand and thumb and was having difficulty sleeping on the affected

shoulder. The applicant had not worked since January 2014, it was acknowledged. Authorization was sought for shoulder corticosteroid injection therapy. The applicant was again placed off of work, on total temporary disability. There was no explicit discussion of medication selection or medication efficacy on this date. On June 19, 2014, the applicant again reported multifocal complaints of wrist, shoulder, and elbow pain. Flexeril, naproxen, tramadol, and Norco were again endorsed while the applicant was placed off of work, on total temporary disability. The applicant did go on to undergo an arthroscopic shoulder surgery on September 30, 2014, i.e., approximately one week before the date of the Utilization Review Report. In a pre-operative consultation dated September 18, 2014, the applicant was described as having a past medical history notable for diabetes, dyslipidemia, and hypertension for 8-11 years. It was noted that the applicant was receiving naproxen, Norco, and Protonix. It was not stated that for what purpose Protonix was being employed. The applicant was described as having a negative gastrointestinal review of systems on the preoperative evaluation in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

(30) Tables of Hydrocodone 2.5/.25 mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78, 73, 68, 60, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone-acetaminophen Page(s): 91.

Decision rationale: As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, short-acting opioids such as Hydrocodone-Acetaminophen are indicated for "moderate-to-moderately severe pain." In this case, the applicant underwent shoulder surgery on September 30, 2014, i.e., one week prior to the date of the Utilization Review Report. The applicant could reasonably or plausibly be expected to have pain in the moderate-to severe range on or around the date in question, post-operatively. Usage of Hydrocodone-Acetaminophen was indicated for postoperative pain control purposes. Therefore, the request was medically necessary. While this was, strictly speaking, a post-operatively request as opposed to a chronic pain request, the MTUS 9792.23.b2 does stipulate that the Postsurgical Treatment Guidelines in section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. Since page 91 of the MTUS Chronic Pain Medical Treatment Guidelines did address the need for post-operative usage of Hydrocodone-Acetaminophen, it was therefore invoked.

(30) Capsules of Pantoprazole 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78, 73, 68, 60, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Pantoprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of active issues with reflux, heartburn, and/or dyspepsia on any other progress notes, referenced above, including on the comprehensive pre-operative evaluation of September 18, 2014, at which point the applicant specifically denied any GI issues on review of systems. Therefore, the request was not medically necessary.

(60) Tablets of Naproxen 550 mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 78, 73, 68, 6.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Naproxen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here. The request in question was initiated on or around the date the applicant underwent shoulder surgery, September 30, 2014. The applicant could reasonably or plausibly be expected to have pain complains requiring analgesia with naproxen on or around the date in question. Therefore, the request was medically necessary. While this was, strictly speaking, a postoperative request as opposed to a chronic pain request, MTUS 9792.23.b2 does stipulate that the Postsurgical Treatment Guidelines in section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. Since page 22 of the MTUS Chronic Pain Medical Treatment Guidelines did address the applicant's need for naproxen postoperatively, it was therefore invoked.