

Case Number:	CM14-0094015		
Date Assigned:	09/10/2014	Date of Injury:	11/01/1999
Decision Date:	10/10/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/20/2014

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 Neurology 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 (IW) is a 54 year-old male with a date of injury reported as 11/1/1999. The IW is reported to have a diagnosis of record as Cervicobrachial Syndrome following injury to bilateral upper extremities, neck, hands, and wrists from performing his usual and customary duties as a warehouse employee. A cervical spine MRI noted mild right C6-7 disc protrusion and mild to moderate C3-4 disc bulge with spondylosis on the right. An (EMG/NCS) performed on 8/8/2012 revealed evidence for chronic mild left C7 cervical radiculopathy without active denervation, and mild to moderate distal median nerve neuropathy at both wrists (bilateral carpal tunnel syndrome) without active denervation. The physical exam is notable for limited cervical range of motion, tenderness in paracervical, rhomboids, and trapezius muscles. Motor strength testing is limited by pain, and sensory exam is patchy in distribution for light-touch sensation. Positive Phalen's and Tinel's signs are reported bilaterally. The IW has been treated with cervical medial branch radiofrequency neurotomy at right C3, C4, and C5 (3/10/2010) and cervical facet nerve blocks at C3, C4, and C5 (8/19/2009). Records indicate that the IW has been prescribed Tramadol ER (Ultram ER) 100 mg (once daily) for chronic pain and short-acting Tramadol HCl 50 mg (twice daily) for break-through pain, with reported reduction in pain complaints (5 of 10 with medications and 10/10 without). Other medications include Flexeril 10 mg (once daily as needed), Flector Patch 1.3% (once daily as needed), Neurontin 100 mg (three times daily), and Protonix 40 mg (once daily) to manage the dyspepsia reported with the IW's use of the Flector patches. The IW is also taking Senokot (for constipation related to medications), Hydrochlorothiazide (Diuretic), Atenolol 100 mg (Beta-Blocker Antihypertensive), Cozaar 25 mg (Angiotensin II Receptor Agonist Antihypertensive). A request for authorization for Flector patches 1.3% (#30) and Protonix 40 mg (#30) was submitted on 5/23/2014 and not medically necessary in a Utilization Review (UR) dated 6/2/2014. A request for Norco 5/325 mg (#90) was

partially medically necessary for quantity #45. It should be noted that a previous request to continue the Tramadol had been not medically necessary in a UR dated 4/21/2014 for reasons not stated in the reports provided for review. According to a 5/5/2014 progress report, a trial of Norco was initiated, but the treatment plan in a 6/2/2014 progress report indicates that Norco is to be discontinued as the IW reports headaches, nausea, and dizziness with as little as one-half pill. This report also indicates that Ultram ER 100 mg has been approved and was to continue for long-lasting relief but that a shorter-acting agent was still desired for management of break-through pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation (ODG-TWC), Online Edition. Chapter: Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 93.

Decision rationale: The progress reports indicate that the IW is currently taking Tramadol/Ultram ER as a long-acting analgesic. Tramadol is a synthetic opioid affecting the central nervous system, and the MTUS indicates that its use increases the risk of seizure in patients particularly where other opioid medications are also being used (Opioids, specific drug list, p. 93). As Norco, 5/325 mg (Hydrocodone/Acetaminophen) is an opioid of short-acting effect, it is not recommended for co-administration with Tramadol. These agents are often individually epileptogenic and may have additive effects on seizure threshold if used concomitantly. Regardless, the medical report dated 6/2/2014 specifically notes that the trial of Norco was to be discontinued, apparently due to intolerable side effects. Norco 5/325 is not medically necessary.

Protonix 40mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs). Decision based on Non-MTUS Citation MTUS Official Disability Guidelines-Treatment for Workers' Compensation (ODG-TWC), Online Edition. Chapter: Pain. Proton Pump Inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: The MTUS indicates that Proton Pump Inhibitors (PPIs) may be recommended for patients at high-risk for gastrointestinal events pursuant to use of high-dose or multiple non-steroidal anti-inflammatory medications, or NSAIDs (NSAIDS, GI symptoms & cardiovascular risk, p. 68). The IW reports stomach-upset with use of his pain medications. However, it is not apparent from the reports that the IW is taking any NSAIDs, except for the use of Flector 1.3% patches, which provide a topical delivery of Diclofenac, an NSAID indicated for the use to treat pain secondary to osteoarthritis or tendinitis for short-term use. The use of topical NSAIDs may be useful where the usual oral route causes gastric symptoms. It is noted in the reports that Flector patches have been used to avoid or minimize such symptoms associated with oral NSAID-use. No other NSAID has been reported as used by the IW. While use of Tramadol may cause nausea and stomach pain in some patients, these symptoms are not due to causes whereby treatment with a proton pump inhibitor is appropriate. In fact, opioid treatment plans are often indicated for patients who cannot tolerate GI symptoms from use of NSAIDs for pain control. Since this IW is not taking any oral NSAIDs, which would possibly cause dyspepsia due to causes treatable with a proton pump inhibitor, the medical necessity for use of Protonix is not established. If the patient reports relief of gastric symptoms with use of Protonix, there should be a differential diagnosis providing medical evidence substantiating that another disorder is present which is treatable with a proton pump inhibitor in order to establish medical necessity for Protonix.

Flector 1.3% patches, #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers 'Compensation (ODG-TWC), Online Edition. Chapter: Pain. Topical NSAIDs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 111-112; 68-69.

Decision rationale: The MTUS indicates that topical analgesics may be recommend as an option to treat local pain with the advantage that some systemic side effects or drug interactions can be avoided (Topical Analgesics, p. 111). Topical NSAIDs may be useful to treat osteoarthritis or tendinitis specific to that of the knee, elbow, or other joints that are amenable to topical application. Diclofenac epolamine is the NSAID formulated in Flector 1.3% Patches. Specifically, Diclofenac is indicated for the treatment of osteoarthritis pain in joints amenable to topical treatment such as the ankle, foot, knee, elbow, hand, and wrist. There is nothing in the record that indicates that the IW pain complaints are secondary to osteoarthritis. In this case, the diagnoses are specific to neuropathic etiologies (e.g., carpal tunnel syndrome), and use of topical NSAIDs is not recommended for the treatment of neuropathic pain (p. 112). Additionally, use of NSAIDs may be contraindicated in patients with cardiovascular risk, such as hypertension, as they may increases blood pressure and may cause fluid retention, edema, and (less commonly) congestive heart failure (MTUS: NSAIDS, hypertension and renal function, p. 69). Further, the risk is greatest in patients who are using anti-hypertensive therapies, specifically angiotensin

receptor blockers, beta-blockers, and diuretics. Records indicate that the IW is prescribed all of these agents (Cozaar, Atenolol, and Hydrochlorothiazide, respectively) through a separate provider. Medical necessity for Flector 1.3% Patches has not been established.