

Case Number:	CM14-0153492		
Date Assigned:	09/23/2014	Date of Injury:	07/12/2007
Decision Date:	03/09/2015	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 45 year old female who sustained an industrial injury on July 12, 2007. The injured worker reported right upper extremity pain attributed to repetitive work. The diagnoses have included cervical disc bulge at cervical four-cervical five and cervical five - cervical six with central canal stenosis per an MRI, right cervical radiculitis, complex regional pain syndrome type one of the right upper extremity and chronic myofascial pain syndrome. Treatment to date has included diagnostic testing, pain management, a home exercise program and psychiatric evaluations. Current documentation dated September 2, 2014 notes that the injured worker reported burning pain in the right supraclavicular and infraclavicular region and right posterior thoracic region. The pain was rated a six-seven out of ten on the Visual Analogue Scale. She also reported radicular pain in the right upper extremity with numbness, tingling, paresthesia and burning sensations. Tenderness and spasms were noted over the lower cervical and right supraclavicular region. Range of motion of the right shoulder was decreased. On September 3, 2014 the injured worker submitted an application for IMR for review of Naproxen 500 mg for the pain, Neurontin 600 mg for the numbness and tingling, Protonix 20 mg for stomach upset and a Urine Drug Test for medication compliance. On September 10, 2014 Utilization Review non-certified the requests for Neurontin 600 mg, Protonix 20 mg and the Urine Drug Test. Utilization Review modified the request for Naproxen 500 mg times a one months supply. The MTUS, Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Naprosyn is a non-steroidal anti-inflammatory medication (NSAID). NSAIDs as a group are recommended for treatment of osteoarthritis and for short-term use in treating symptomatic pain from joint or muscle injury. In fact, MTUS guidelines notes that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and perhaps even cause hypertension. This patient has had stable chronic pain for over 12 weeks and thus can be considered past the point where NSAIDs should be of value in treatment unless used short-term for exacerbation of the patient's chronic injuries. As the records do not show instructions to the patient for use of this medication only for exacerbations it is not indicated for use at this time. Medical necessity for use of this medication has not been established.

Neurontin 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic Drugs; Gabapentin Page(s): 16-9, 49, 113.

Decision rationale: Gabapentin (Neurontin) is classified as an anticonvulsant (anti-epilepsy) drug used to treat epilepsy, migraines, bipolar disorder and the management of alcohol dependence. It is also recommended as a first line treatment for neuropathic pain although the literature to support its use comes mostly from studies of postherpetic neuralgia and diabetic polyneuropathy. A response to anti-epileptic medication in controlling pain in patients with neuropathic pain has been defined as a 30-50% reduction in pain. Studies looking at the efficacy of gabapentin suggests when used with opioids, patients used lower doses of medications and had better analgesia. Of note, the MTUS recommends if this medication is to be changed or stopped it be weaned in order to avoid precipitating a seizure (based on studies with epileptic patients). Although this patient has neuropathic pain the notes do not directly comment on its efficacy even though there are oblique comments of its use to control the patient's numbness and tingling. Without documented effectiveness it is difficult to recommend continued use. Medical necessity for continued use of this medication has not been established.

Protonix 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestina).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Pantoprazole (Protonix) is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to long-term use of non-steroidal anti-inflammatory drugs (NSAIDs). Since this patient is on chronic NSAID and has dyspepsia it is reasonable to assume her dyspepsia may be caused by her medications. However, since prior use of Protonix did not control her symptoms it is not reasonable to think it will now control her symptoms. Medical necessity for use of this medication has not been established.

Urine drug test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary, last updated 07/10/2014, Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Postsurgical Treatment Guidelines Page(s): 34, 60, 74-96. Decision based on Non-MTUS Citation 1) American Society of Interventional Pain Physicians (ASIPP) Guidelines for Responsible Opioid Prescribing in Chronic Non-Cancer Pain: Part I - Evidence Assessment, Pain Physician 2012; 15:S1-S66 2) Keary CJ, Wang Y, Moran JR, Zayas LV, Stern TA. Toxicologic Testing for Opiates: Understanding False-Positive and False-Negative Test Results. The Primary Care Companion for CNS Disorders. 2012;14(4):PCC.12f01371. doi: 10.4088/PCC.12f01371 available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3505132/>

Decision rationale: A drug test is a technical analysis of a biological specimen, for example urine, hair, blood, breath air, sweat, or oral fluid / saliva, to determine the presence or absence of specified parent drugs or their metabolites. Drug-testing a blood sample is considered to be the most accurate test for drugs or their metabolites but is more time consuming and expensive than urine testing. In fact, Keary, et al, notes that most providers use urine toxicology screens for its ease of collection and fast analysis times. According to the MTUS, urine drug testing is recommended as an option for screening for the use of or the presence of illegal medications. It recommends regular drug screening as part of on-going management of patients on chronic opioid therapy. The American Society of Interventional Pain Physicians guidelines specifically notes use of urine toxicology screens to help assess for patient abuse of medications and comments that this method of screening has become the standard of care for patients on controlled substances. Review of the available medical records for this patient reveals that the patient is not taking any controlled substance nor is there any comments suggesting aberrant drug seeking behavior. Medical necessity for this procedure has not been established.