

Case Number:	CM14-0215206		
Date Assigned:	01/02/2015	Date of Injury:	11/10/2009
Decision Date:	02/25/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/23/2014

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 (IW) is a 51-year-old woman with a date of injury of November 10, 2009. The mechanism of injury is not documented in the medical record. The injured worker's working diagnoses are cervical spine sprain/strain with right upper extremity radiculopathy, disc bulge at C2-C5 with stenosis per MRI; lumbar spine sprain/strain with left lower extremity radiculopathy; bilateral shoulder strain, tendinitis and impingement; and bilateral elbow medial/lateral epicondylitis. Pursuant to the handwritten, largely illegible progress note dated November 20, 2014, the IW complains of flare-up of the left elbow with bilateral upper extremity symptoms. She also complains of swelling of the right hand. There were no subjective pain scores documented. Examination of the bilateral elbows reveals tenderness to palpation (TTP) at the medial and lateral epicondyle bilaterally. Cozen's test is positive bilaterally. Pain is noted with active range of motion. Examination of the bilateral wrists reveals TTP at the bilateral carpal tunnel regions. Tinel's and Phalen's are positive bilaterally. Current medications include Meloxicam, Protonix, and Butrans patch. The IW has been taking Meloxicam and Protonix since June 20, 2014, according to a progress note with the same date. There is no evidence of objective functional improvement associated with the ongoing use of Meloxicam or Protonix. The IW was prescribed Butrans patch 5mcg on October 23, 2014, however, the treating physician reports the IW was on Butrans in the past and it was helpful. On November 20, 2014, the Butrans was increased from 5mcg to 10mcg. The treating physician reports the increase is due to a "flare-up" and anticipates a decrease in dosage next month. The subsequent progress reports for December

2014. There were no risk assessments, pain assessments, or urine drug screens in the medical record. The current request is for Prilosec #30, Butrans patch, and Meloxicam 15mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prilosec/Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Prilosec.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec #30 is not medically necessary. Prilosec is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or steroids; or high dose/multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are cervical spine sprain/strain with the right upper extremity radiculopathy; disc bulge at C2 - C5 stenosis per MRI; lumbar spine sprain/strain with left lower extremity radiculopathy; bilateral shoulder strain; tendinitis and impingement; and bilateral elbow medial/lateral epicondylitis. The documentation does not contain comorbid conditions or past medical history compatible with G.I. bleeding, peptic disease, concurrent aspirin use, etc. Prilosec was first noted in a progress note dated June 20, 2014 as a refill. The documentation is unclear as to the exact start date of Prilosec. There are no clinical indications for Prilosec documented in medical record. Consequently, absent clinical documentation to support the ongoing use of Prilosec, clinical indications and clinical rationale, Prilosec #30 is not medically necessary.

Butrans patch: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Butrans Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Butrans.

Decision rationale: Pursuant to the Official Disability Guidelines, Butrans patch is not medically necessary. Butrans is recommended for selected patients for treatment of opiate dependence. The drug indicated for prescription by certified physicians. The drug is a semisynthetic partial agonist and antagonist. The Chronic Pain Medical Treatment Guidelines recommend Butrans for opiate addiction. It is a schedule III controlled substance. Butrans is not

for use in routine musculoskeletal pain. In this case, the injured worker's working diagnoses are cervical spine sprain/strain with the right upper extremity radiculopathy; disc bulge at C2 - C5 stenosis per MRI; lumbar spine sprain/strain with left lower extremity radiculopathy; bilateral shoulder strain; tendinitis and impingement; and bilateral elbow medial/lateral epicondylitis. The guidelines not recommend Butrans for use in musculoskeletal pain. The diagnoses/injuries reflect musculoskeletal pain. Additionally, the documentation does not contain pain assessments (narcotic), urine drug screens, risk assessments demonstrating low risk drug behavior. Consequently, absent guideline recommendations and supporting documentation regarding risk assessments, pain assessments and urine drug screens, Butrans patches is not medically necessary.

Meloxicam 15mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Meloxicam 15 mg is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are cervical spine sprain/strain with the right upper extremity radiculopathy; disc bulge at C2 - C5 stenosis per MRI; lumbar spine sprain/strain with left lower extremity radiculopathy; bilateral shoulder strain; tendinitis and impingement; and bilateral elbow medial/lateral epicondylitis. Meloxicam was noted in the progress note dated June 20, 2014 as a result. The exact start date is unclear. Nonsteroidal anti-inflammatory drugs are recommended for the shortest period at the lowest dose. There is no documentation of objective functional improvement. There was no VAS score for subjective symptoms. Consequently, absent clinical documentation to support the ongoing use of Meloxicam, continuing its use for a protracted period in the absence of objective functional improvement, Meloxicam 15 mg is not medically necessary.