

Case Number:	CM15-0117445		
Date Assigned:	06/25/2015	Date of Injury:	04/21/2000
Decision Date:	09/15/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/18/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 54 year old female who sustained a work related injury April 21, 2000. Past history included diabetes, hypertension, reactive airway disease, gout, s/p arthroscopic left shoulder surgery x 2; s/p right rotator cuff surgery, and s/p bilateral carpal tunnel decompression. According to a physician's progress report, dated May 14, 2015, the injured worker presented with increasing pain in the right arm and right shoulder. Objective findings included; abduction is no more than 90 degrees, tenderness along the rotator cuff is noted as well as the subscapularis. She has grade 5/5 strength to resisted internal rotation and grade 4/5 strength to resisted abduction with findings of impingement. She has positive liftoff test and weakness to internal rotation against her abdominal wall. Diagnoses are discogenic cervical condition with two level disc disease; impingement syndrome left shoulder; bilateral carpal tunnel syndrome; bilateral epicondylitis and tenosynovitis of the forearm. At issue, is the request for authorization for Naproxen, Trazodone, Flexeril, Protonix, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 - 69.

Decision rationale: The patient is a 54 year old female with an injury on 04/21/2000. She had bilateral shoulder surgery and bilateral carpal tunnel release. On 05/14/2015, she had right shoulder and right arm pain. MTUS, chronic pain guidelines note that NSAIDS are associated with an increased risk of GI bleeding, peptic ulcer disease, cardiovascular disease, liver disease and renal disease. Also, NSAIDS decrease soft tissue healing. MTUS guidelines note that the lowest dose of NSAIDS for the shortest period of time is recommended. Long-term use of NSAIDS is not recommended and the requested medication is not medically necessary.

Trazodone #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13 - 16.

Decision rationale: The patient is a 54 year old female with an injury on 04/21/2000. She had bilateral shoulder surgery and bilateral carpal tunnel release. On 05/14/2015, she had right shoulder and right arm pain. MTUS, chronic pain guidelines note that there are some antidepressants (tricyclic) that are first line drugs to treat neuropathic pain. The optimal duration of treatment is not known as most double-blind trials have been of short duration. Side effects such as excessive sedation need to be assessed. Also the effects of this class of drugs on other medications has not been assessed. Long-term effectiveness of antidepressants on chronic pain have not been established. There is no documentation of neuropathic pain. The requested antidepressant is not medically necessary for this patient.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 - 66.

Decision rationale: The patient is a 54 year old female with an injury on 04/21/2000. She had bilateral shoulder surgery and bilateral carpal tunnel release. On 05/14/2015, she had right shoulder and right arm pain. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental and physical ability. Also, the addition of muscle relaxants to patients already treated with NSAIDS do not improve pain relief. Long-term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary.

Protonix 30 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI Symptoms and Cardiovascular risk Page(s): 68 - 69.

Decision rationale: The patient is a 54 year old female with an injury on 04/21/2000. She had bilateral shoulder surgery and bilateral carpal tunnel release. On 05/14/2015, she had right shoulder and right arm pain. MTUS, chronic pain guidelines note criteria for the medical necessity for proton pump inhibitors (PPI) include patient age of 65 or higher, history of GI bleeding or peptic ulcer disease or taking anticoagulants. The patient documentation does not meet these criteria and the requested PPI is not medically necessary.

Tramadol ER 150 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going Management Page(s): 78 - 79.

Decision rationale: The patient is a 54 year old female with an injury on 04/21/2000. She had bilateral shoulder surgery and bilateral carpal tunnel release. On 05/14/2015, she had right shoulder and right arm pain. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. Therefore, the request is not medically necessary.