

Case Number:	CM15-0117508		
Date Assigned:	06/25/2015	Date of Injury:	05/09/2012
Decision Date:	07/31/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/17/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old female who reported an industrial injury on 5/9/2012. The history notes a previous injury to the fingers and hand in 2009. Her diagnoses, and/or impressions, are noted to include: right shoulder impingement; bicipital tendinitis; and rotator cuff strain. No current imaging studies were noted. Her treatments were noted to include injection therapy; hot/cold therapy; medication management; and restricted work duties to work as tolerated. The progress notes of 4/14/2015 reported a follow-up for complaints of right shoulder with difficulty with her fingers, wrists and hands; impaired lifting. Objective findings were noted to include the approval of a conductive garment without the approval of a trans-cutaneous electrical stimulation unit; and tenderness along the rotator cuff with weakness to resisted function. The physician's requests for treatments were noted to include the continuation of Naproxen, Pantoprazole, 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 60, 61, 72.

Decision rationale: The records indicate the patient has pain in the right shoulder. The current request is for Naproxen 550mg #60. MTUS guidelines for medications for chronic pain pages 60, 61 states, "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS further states, "A record of pain and function with the medication should be recorded". Medication efficacy must be documented and there is no recent discussion of this in the reports. Reports from over a year ago show a decrease in pain with minimal description of functional benefit. Recent reports state the Injured Worker is working but does not discuss the analgesic effect of the medications. The request is not medically necessary and has not been established for this request based upon MTUS guidelines and the available medical records.

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The records indicate the patient has pain in the right shoulder pain. The current request is for Pantoprazole 200mg #60. The MTUS Guidelines state pantoprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. Treatment plans provided show the patient has been taking Naproxen 550mg. Multiple NSAID's are not listed. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, there is no GI assessment or complaints of GI complications secondary to NSAID use. Therefore, the request is not medically necessary or established.

Tramadol 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The records indicate the patient has pain in the right shoulder. The current request is for Tramadol 150mg #30. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, while there is clear documentation of shoulder pain, there is no documentation of the 4 A's. There is documentation of improved functional ability as the patient appears to be working. There is also no documentation of adverse side effects or aberrant drug behaviors. There is no discussion of decreasing pain levels and functional improvement with the use of this medication. The MTUS requires much more thorough documentation for continued opioid usage. As such, the current documentation is not medically necessary for this request.