

Case Number:	CM15-0129929		
Date Assigned:	07/16/2015	Date of Injury:	09/21/2009
Decision Date:	08/18/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/06/2015

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: Anesthesiology

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 51 year old female, who sustained an industrial injury on September 21, 2009. The mechanism of injury was not provided in the medical records. The injured worker has been treated for neck, right shoulder and right upper extremity complaints. The diagnoses have included carpal tunnel syndrome, pain in the joint of the shoulder and cervical disc degeneration. Treatment and evaluation to date has included medications, radiological studies, electro-diagnostic studies, MRI, functional restoration program, home exercise program and a right shoulder rotator cuff repair in 2010. Work status was noted to be permanent and stationary. Current documentation dated May 13, 2015 notes that the injured worker reported right upper chest and right shoulder pain. The injured worker noted that it was hard to breathe and to move her right arm. Physical examination revealed normal muscle tone in all extremities and decreased strength in the right upper extremity. Significant tenderness to palpation was noted over the right sternoclavicular joint with palpable subluxation anteriorly of the clavicle. Edema was noted in the right sternoclavicular region. Pain was noted with abduction and adduction of the right shoulder. The injured worker was noted to have tried the medications Tramadol and Vicodin in the past but had developed gastrointestinal upset. The treating physician's plan of care included a trial of Tylenol # 3 for pain and discontinuing the medications Butrans and Gabapentin. The treating physician's plan of care included a request for Tylenol # 3 # 60, Protonix 20 mg # 60 and Capsaicin 0.075% cream # 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 tablets, Qty 60, 1/2-1 tablet 2 times daily as needed for more severe pain:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines "discourages long term use of opioids unless there is evidence of ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life." In this case, the injured worker had ongoing right upper chest pain and right shoulder pain. The injured worker had tried Tramadol and Vicodin which caused her gastrointestinal upset. She also was noted have tried Buprenorphine with side effects and a Butrans patch which caused a dry mouth. The injured worker was noted to be able to take over-the-counter Tylenol without side effects. The treating physician requested a trial of Tylenol # 3 for severe pain. According to the California MTUS Guidelines, Tylenol #3 (Tylenol with Codeine) is a short-acting opioid analgesic. It is recommended as an option for mild to moderate pain. Codeine is a schedule C-II controlled substance, but codeine with acetaminophen is a C-III controlled substance. It is similar to morphine. Sixty (60) mg of codeine is similar in potency to 600 mg of acetaminophen. It is widely used as a cough suppressant. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no documentation of significant pain relief or increased function from the opioids used to date. In addition, there is no documentation of a urine drug screen program. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Protonix 20 mg capsules, Qty 60, take 2 times daily 30 minutes prior to taking Naproxen:

Overtaken

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, gastrointestinal symptoms and cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend that clinicians weigh the indications for non-steroidal anti-inflammatory drugs (NSAIDs) against both gastrointestinal (GI) and cardiovascular risk factors. Risk factors to determine if the patient is at risk for gastrointestinal events are: age > 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids and-or an anticoagulant or high dose-multiple NSAID. The MTUS Chronic Pain Medical Treatment Guidelines recommend that patients at intermediate risk for gastrointestinal events and no cardiovascular disease receive a non-selective NSAID with either a proton pump inhibitor (PPI) medication, or misoprostol or a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. In this case, the documentation supports the injured worker has experienced gastrointestinal upset with the use of NSAIDs. Dosing for this medication can be 20 mg once daily or twice daily. The use of this PPI medication has been established. The request for Protonix 20 mg # 60 is medically necessary.

Capsaicin 0.075% cream, Qty 1, apply to affect area 3 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines on topical analgesics, states that topical analgesics are largely experimental in use and are recommended for localized neuropathic pain after there is evidence of a trial of first line therapy, such as tri-cyclic anti-depressants and anti-epileptic medications. Capsaicin is only recommended in injured workers who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation for osteoarthritis and 0.075% for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. There have been no current indications that an increase over a 0.025% formulation would provide any further efficacy. In this case, the injured worker had been on Gabapentin, an antiepileptic medication, which was discontinued due to the injured worker wanting to minimize medications. The percentage of the Capsaicin requested exceeds the recommended dose for osteoarthritis and neuropathic pain. The request for Capsaicin 0.075% cream is not medically necessary.