

Case Number:	CM15-0145179		
Date Assigned:	08/06/2015	Date of Injury:	09/26/2011
Decision Date:	11/17/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/27/2015

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

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 49 year old male who sustained an industrial injury on September 26, 2011 that involved an explosion. He was initially diagnosed with a 10.5% right upper extremity and facial burns. He had to be incubated for several days and sustained inhalation and aspiration injury to his lungs. He then developed a sleep disorder. He underwent two skin grafts. He had swallow studies because of extensive burns in his esophagus. He was also noted to have gastroesophageal reflux disease with esophagitis and laryngitis secondary to aspiration secondary to gastroesophageal reflux disease. Diagnoses included chronic cervical strain, multilevel mild cervical degenerative disc disease with mild spinal stenosis C5-6, chronic right shoulder strain with partial rotator cuff tear, extensive second and third degree burns of the right upper extremity from mid arm distally and anterior chest and abdomen with skin graft from the anterolateral bilateral thighs, possible right wrist carpal tunnel syndrome, chronic lumbar strain with radiculitis right lower extremity, grade I spondylolisthesis L5-S1 with bilateral pars defect L5 and moderate to advanced degenerative disc disease L2-3. According to a partially legible handwritten progress report dated 06/11/2015, the injured worker had pain in the bilateral arms. Itchiness was also noted. Sleep difficulty was noted. He had a sleep study and was awaiting the results. Diagnosis included burn injury 45%. The injured worker was to remain off work until 07/31/2015. Authorization was requested for Hydroxyzine 50 mg #90, Pantoprazole 40 mg #30, Tramadol 50 mg #90, Gabapentin 300 mg #90, Vicodin 5-300 mg #120, thick it powder envelopes, thick it powder, sunscreen, cocoa butter lotion and itch cream. Currently under review is the request for Hydroxyzine 50 mg #90, Pantoprazole 40 mg #30, Tramadol 50 mg #90 and Gabapentin 300 mg #90. Documentation shows long term use of Hydroxyzine, Tramadol and Gabapentin dating back to 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroxyzine 50mg #90: 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), Pain, Anxiety medications in chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date.

Decision rationale: CA MTUS and ODG do not address this, therefore alternate guidelines were reviewed. Hydroxyzine is Histamine H1 Antagonist used for treatment of anxiety/agitation (including adjunctive therapy in alcoholism); also used as antipruritic; antiemetic. Medical records indicate that the injured worker has been on this medication for long time, but there is no clear discussion of functional improvement with the use of this medicine. Medical necessity of the requested item has not been established. The Requested Treatment: Hydroxyzine 50mg #90 is not medically necessary.

Pantoprazole 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Proton Pump Inhibitors.

Decision rationale: CA MTUS states that proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs (nonsteroidal anti-inflammatory drugs) with documented gastrointestinal distress symptoms or specific GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose-multiple NSAIDs. Official Disability Guidelines (ODG) states that proton pump inhibitors are recommended for patients at risk for gastrointestinal events. Decision to use proton pump inhibitors long-term must be weighed against the risks. The potential adverse effects of long-term proton pump inhibitor use included B12 deficiency, iron deficiency, hypomagnesemia, increased susceptibility to pneumonia, enteric infection and fractures, hypergastrinemia and cancer and more recently adverse cardiovascular effects. Proton pump inhibitors have a negative effect on vascular function, increasing the risk for myocardial infarction. Patients with gastroesophageal reflux disease on proton pump inhibitors had a 1.16 greater risk of myocardial infarction and a 2.00 risk for cardiovascular mortality. Proton pump usage may be serving as a marker for a sicker population, but this is unlikely, given the lack of increased risk seen in patients taking H2 blockers. (Shah, 2015) In this study proton pump inhibitor use was associated with a 1.58 fold greater risk of myocardial infarction and in the case-crossover study, adjusted odds ratios of proton pump inhibitor for myocardial risk were 4.61 for the 7 day window and 3.47 for the 14 day window. However, the benefits of proton pump inhibitors may greatly outweigh the risks of adverse cardiovascular effects, with number needed to harm of 4357. (Shih, 2014) Outpatient proton pump use is associated with a 1.5 fold increased risk of community-acquired pneumonia, with

the highest risk within the first 30 days after initiation of therapy. (Lamber, 2015) The updated Beers Criteria, which help prevent adverse drug events in older adults, added a recommendation to avoid the use of proton pump inhibitors for more than 8 weeks, except for long-term NSAID users and patients with erosive esophagitis, Barrett's esophagitis, pathologic hypersecretory condition, or a demonstrated need for maintenance therapy. There are many studies demonstrating, in elderly patients, an increased risk for Clostridium difficile infection and bone loss and fractures with the long-term use of proton pump inhibitors. (AGS, 2015) In this case, there is no recent documentation indicating the patient has any current GI symptoms or GI risk factors. There was no discussion of treatment efficacy with use of Pantoprazole. Medical necessity for the requested treatment has not been established. The requested medication is not medically necessary.

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Tramadol.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Chronic Pain Medical Treatment Guidelines state that on-going management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In addition to pain relief, the practitioner should monitor side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. Pain and functional improvement should be documented and compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. Pain should be assessed at each visit and functioning should be measured at 6 month intervals using a numerical scale or validated instrument. Official Disability Guidelines state Tramadol is a centrally acting synthetic opioid analgesic and it provides inferior analgesia compared to a combination of Hydrocodone/acetaminophen. As of November 2013, Tramadol had been designated a schedule IV controlled substance. In this case, documentation shows long term use of opioids. The treating provider did not document current pain, the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Urine drug screens were not submitted for review. In addition, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

Gabapentin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. CA MTUS Chronic Pain Medical Treatment Guidelines recommend anti-epilepsy drugs for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials for the use of this class of medications for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: a switch to a different first-line agent (tricyclic antidepressant, serotonin norepinephrine reuptake inhibitor or antiepileptic drug are considered first line treatment) or combination therapy if treatment with a single drug agent fails. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of antiepileptic drugs depends on improved outcomes versus tolerability of adverse effects. In this case, there was no discussion of a 30-50% percent reduction of pain with use of Gabapentin. In addition, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.