

Case Number:	CM15-0172738		
Date Assigned:	09/14/2015	Date of Injury:	04/11/2010
Decision Date:	10/14/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female, who sustained an industrial-work injury on 4-11-10. A review of the medical records indicates that the injured worker is undergoing treatment for chronic left shoulder impingement, failing conservative management, with partial thickness rotator cuff tear, left acromioclavicular joint (AC) osteoarthropathy, cervical disc protrusion, right anterior knee pain, and right knee chondromalacia. Medical records dated (3-4-15 to 7-10-15) indicate that the injured worker complains of left shoulder pain that is worsening, right shoulder pain, cervical pain, low back pain with lower extremity symptoms, right knee pain and right foot pain. The pain is rated 5-8 out of 10 on the pain scale and has been unchanged from previous visits. The medical records also indicate worsening of the shoulder condition with resultant decline in the activities of daily living. Per the treating physician report dated 7-10-15 the injured worker is temporarily partially disabled with no use of left shoulder for at or above shoulder level activities, no lifting greater than 15 pounds. The physical exam dated from (4-1-15 to 7-10-15) reveals cervical spine tenderness, decreased cervical range of motion with flexion at 50 degrees, extension is 40 degrees, left rotation 35 degrees, and left and right lateral tilt is 35 degrees. There is tenderness of the left shoulder diffusely, positive impingement signs, there is crepitation with range of motion assessment, and positive Jobe test. Treatment to date has included pain medication, Tramadol since at least 4-1-15, Naproxen since at least 3-4-15 and Pantoprazole since at least 3-4-15, physical therapy at least 12 sessions, transcutaneous electrical nerve stimulation (TENS), bracing and other modalities. The treating physician indicates that the urine drug test result dated 4-1-15 was consistent with the medication prescribed. The original

Utilization review dated 8-6-15 modified a request for Tramadol ER 100mg; 1 tab twice daily #60, modified to Tramadol ER 100mg; 1 tab twice daily #20 for weaning, non-certified a request for Naproxen 550mg; 1 tab twice daily #60 as Non-steroidal anti-inflammatory drugs are recommended by the guidelines for short term symptomatic relief and the benefits in this chronic phase stage are not evident and therefore, not medically necessary and non-certified a request for Pantoprazole 20mg; 1 tab twice daily #60 as the guidelines were not met for intermediate risk factors for gastrointestinal events and Non-steroidal anti-inflammatory drug use is not supported, therefore not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 100mg; 1 tab twice daily #60: 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, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in April 2010 and continues to be treated for bilateral shoulder, neck, right knee and foot, and radiating low back pain. Recent treatments include completion of 10 physical therapy sessions between May 2015 and August 2015. The claimant has a history of gastrointestinal upset with NSAID use without concomitant use of a proton pump inhibitor medication in April 2015 extended release Tramadol and Norco were being prescribed. Medications were decreasing pain by 4-5 VAS points and providing improved exercise tolerance. When seen, pain was rated at 6-8/10. Medications were helping. Physical examination findings included cervical and left shoulder tenderness with decreased cervical spine range of motion. There was crepitus with left shoulder range of motion with positive impingement and Jobe testing. The assessment references declining shoulder range of motion and impending adhesive capsulitis. Extended release Tramadol, naproxen, pantoprazole, and Cyclobenzaprine were prescribed. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. In April 2015, medications including Tramadol ER and Norco were providing decreased pain and improved exercise tolerance. Norco was no longer being prescribed and, although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain, an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

Naproxen 550mg; 1 tab twice daily #60: Overturned

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), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in April 2010 and continues to be treated for bilateral shoulder, neck, right knee and foot, and radiating low back pain. Recent treatments include completion of 10 physical therapy sessions between May 2015 and August 2015. The claimant has a history of gastrointestinal upset with NSAID use without concomitant use of a proton pump inhibitor medication in April 2015 extended release Tramadol and Norco were being prescribed. Medications were decreasing pain by 4-5 VAS points and providing improved exercise tolerance. When seen, pain was rated at 6-8/10. Medications were helping. Physical examination findings included cervical and left shoulder tenderness with decreased cervical spine range of motion. There was crepitus with left shoulder range of motion with positive impingement and Jobe testing. The assessment references declining shoulder range of motion and impending adhesive capsulitis. Extended release Tramadol, naproxen, pantoprazole, and Cyclobenzaprine were prescribed. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dosing is within guideline recommendations and this medication has provided pain relief. Continued prescribing is medically necessary.

Pantoprazole 20mg; 1 tab twice daily #60: Overturned

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), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The claimant sustained a work injury in April 2010 and continues to be treated for bilateral shoulder, neck, right knee and foot, and radiating low back pain. Recent treatments include completion of 10 physical therapy sessions between May 2015 and August 2015. The claimant has a history of gastrointestinal upset with NSAID use without concomitant use of a proton pump inhibitor medication in April 2015 extended release Tramadol and Norco were being prescribed. Medications were decreasing pain by 4-5 VAS points and providing improved exercise tolerance. When seen, pain was rated at 6-8/10. Medications were helping. Physical examination findings included cervical and left shoulder tenderness with decreased cervical spine range of motion. There was crepitus with left shoulder range of motion with positive impingement and Jobe testing. The assessment references declining shoulder range of motion and impending adhesive capsulitis. Extended release Tramadol, naproxen, pantoprazole, and Cyclobenzaprine were prescribed. Guidelines recommend consideration of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take naproxen at the recommended dose and has a history of gastrointestinal upset. Protonix (pantoprazole) is considered a first-line medication and was medically necessary.