MAXIMUS Federal Services

Case Number:	CM15-0176708		
Date Assigned:	09/17/2015	Date of Injury:	05/11/2001
Decision Date:	10/20/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/08/2015

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: Washington, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old female with a date of injury of 5-11-2001. A review of the medical records indicated that the injured worker is undergoing treatment for right shoulder strain, degenerative joint disease of acromioclavicular joint and shoulder impingement syndrome. Treatment has included shoulder surgery (2002), and medications. No recent imaging studies were available for review. According to the progress report dated 10-14-2015, the injured worker reported that her symptoms were unchanged. She complained of intermittent, moderate, sharp pain in her right shoulder, right trapezius and right arm. She also complained of trapezius spasms. She stated that medications helped. Present medications (since at least 10-14-2014) included Ultracet, Anaprox, Protonix and Norflex. It was noted that she did not tolerate Talwin, Motrin or Relafen as they upset her stomach, even with use of Protonix. Per the treating physician, the employee was to continue modified work duties, if available. The physical exam of the right shoulder revealed tenderness to palpation anterior acromion and over acromioclavicular joint, range of motion was reduced, 4+/5 motor strength noted on abduction and impingement sign mildly positive. The original Utilization Review (UR) (8-21-2015) non-certified requests for Ultracet/Tramadol HCL-Acet, Protonix and Norflex/Orphenadrine Citrate. Utilization Review certified a request for Anaprox DS-Naproxen Sodium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet/Tramadol HCL-Acet 37.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen, Medications for chronic pain, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for osteoarthritis, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction..

Decision rationale: Tramadol/APAP (Ultracet, Ultracet ER) is a combination medication made up of the opioid, tramadol, and acetaminophen, better known as tylenol. Tramadol has mu-receptor opioid agonist activity and is used to treat moderate to severe pain. Tramadol/APAP ER is an extended release formulation of this medication. Appropriate dosing should not exceed 400 mg/day and it should be used with caution in any patient taking Selective Serotonin Reuptake Inhibitors (SSRI) as together they may cause a potentially fatal condition known as Serotonin Syndrome. There are no studies showing effective use of this medication for chronic pain that lasts greater than 3 months. However, the MTUS describes use of narcotics for control of chronic pain. Even though this is not considered a first line therapy, the chronic use of narcotics is a viable alternative when other therapeutic modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The MTUS has specific recommendations for following patients on chronic opioid therapy to allow safe use. Acetaminophen is considered the safest medication for use to treat chronic pain. However, it should be used cautiously in combination preparations in order to prevent liver damage. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day. This patient's medical records showed long term use of tramadol/APAP. The provider has not documented use of first-line chronic pain medications such as antidepressants or anti-epileptic medications, monitoring for abuse by history or urine drug screens, the presence or absence of significant side effects from the opioid medication, and there was no mention of a drug contract or drug contract review between the patient and the provider. These are all required by the MTUS for chronic use of opioids to ensure they are safely used. Medical necessity for continued use of this medication has not been established. Therefore, the request is not medically necessary.

Protonix 20 mg #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, GI symptoms & cardiovascular risk.

Decision rationale: Pantoprazole (Protonix) is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger-Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer-term use of non-steroidal anti-inflammatory medications (NSAIDs) in patients that are at intermediate risk of developing gastric problems from the NSAIDs. This patient is at intermediate risk for developing dyspepsia as noted by prior dyspepsia while on NSAID medications. Medical necessity has been established. Therefore, the request is medically necessary.

Norflex/Orphenadrine Citrate 100 mg #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): Muscle relaxants (for pain).

Decision rationale: Orphenadrine is classified as a sedating antispasmodic skeletal muscle relaxant. It is recommended to be used two times per day. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only, as their efficacy appears to diminish over time and they may actually hinder return to function. Muscle relaxants are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants has a demonstrable benefit. Additionally, orphenadrine has been reported in case studies to be abused due to a euphoria effect. This patient has been on orphenadrine therapy for over 6 months and continues to experience muscle spasms despite being on the maximum dosing schedule. Medical necessity for continued use of this medication has not been established. Therefore, the request is not medically necessary.