

Case Number:	CM15-0025335		
Date Assigned:	02/17/2015	Date of Injury:	08/14/2012
Decision Date:	06/01/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/10/2015

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 58-year-old male, who sustained an industrial injury on 8/14/12. The Panel Qualified Medical documentation on 12/26/14 noted that the injured worker has complaints of cervical spine and right shoulder pain and right elbow pain. The diagnoses have included traumatic contusion to the right shoulder and base of the cervical spine region with resultant rotator cuff tear and retraction with Magnetic Resonance Imaging (MRI) evidence and traumatic contusion resultant in chronic myofascial syndrome. Treatment to date has included chiropractic treatment approximately 24 sessions with benefits; right shoulder Magnetic Resonance Imaging (MRI) on 4/1/13 that demonstrated full tear of the right supraspinatus, partial tear infraspinatus and moderate acromioclavicular osteoarthropathy; right shoulder arthroscopic surgery on 9/16/13 to include rotator cuff repair, subacromial decompression, distal claviclectomy and synovectomy-bursectomy; physical therapy; right anterior submuscular transposition of the right ulnar nerve on 3/17/14; right ulnar nerve transposition and medications. According to the utilization review performed on 1/29/15, the requested Retro Naproxen 550mg/tab: 1 tab p.o. TID #90; Retro Pantoprazole 20mg/tab; 1 tab p.o. TID #90 has been non-certified. the requested Retro Orphenadrine ER 100mg; 1 tab p.o. BID PRN #60 and Retro Tramadol 150mg: 2 tabs QD #60 has been modified to Tramadol 150mg: 2 tabs QD #30 and Orphenadrine ER 100mg; 1 tab p.o. BID PRN #30. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain was used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Naproxen 550mg/tab; 1 tab p.o. TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. The injured worker complains of chronic neck, right shoulder and right elbow pain. Physician reports fail to show significant improvement in overall pain or function on prolonged NSAID use and there is no evidence of acute exacerbation of symptoms. With MTUS guidelines not being met, the request for Retro Naproxen 550mg/tab; 1 tab p.o. TID #90 is not medically necessary.

Retro Pantoprazole 20mg/tab; 1 tab p.o. TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

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

Decision rationale: Proton Pump Inhibitors (PPIs) are indicated for treatment Gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Pantoprazole. The request for Retro Pantoprazole 20mg/tab; 1 tab p.o. TID #90 is not medically necessary.

Retro Orphenadrine ER 100mg; 1 tab p.o. BID PRN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Actions Should Include.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, in most cases of low back pain, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain or functional status to justify continued use of Orphenadrine ER. The request for Retro Orphenadrine ER 100mg; 1 tab p.o. BID PRN #60 is not medically necessary per MTUS guidelines.

Retro Tramadol 150mg: 2 tabs QD #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Actions Should Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 77, 113.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. The injured worker complains of chronic neck, right shoulder and right elbow pain. Physician reports fail to demonstrate a recent urine drug screen or supporting evidence of significant improvement in the injured worker's pain or level of function and there is no documentation of extenuating circumstances. With guidelines not being met and in the absence of significant response to treatment, the request for Retro Tramadol 150mg: 2 tabs QD #60 is not medically necessary.