

Case Number:	CM15-0067674		
Date Assigned:	04/15/2015	Date of Injury:	07/09/2009
Decision Date:	05/19/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/09/2015

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: Pennsylvania
 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 28-year-old female with an industrial injury dated 07/09/2009. Her diagnoses include carpal tunnel syndrome on the right with wrist joint inflammation status post carpal tunnel release on the right side, discogenic cervical condition with facet inflammation, impingement syndrome of the shoulder bilaterally, cervicogenic headaches, depression and anxiety. Prior treatments include surgery, transcutaneous electrical nerve stimulation (TENS) unit and medications. Progress note from November 2014 notes medications including Neurontin, protonix, tramadol, and nalfon, and notes that the injured worker was not working. An Agreed Medical Examination (AME) of 1/16/15 notes that the injured worker reported that she has been off work since December 2013. Naproxen and omeprazole were noted to be prescribed in July 2009. Naproxen was noted to be prescribed in 2013 and 2014, and protonix in 2014. It was noted at a visit in February 2015 that the injured worker was not currently working, and work restrictions were noted. At a visit on 03/10/2015, the injured worker reported ongoing pain on the neck and shoulder. She also describes problems with left wrist and hand. Physical exam revealed tenderness along the wrist joint and tenderness at the base of the thumb. The plan of treatment included diagnostics to include MRI, therapy, blood tests, stronger TENS unit, neck pillow, neck traction, soft and rigid braces for the left wrist and medication. Work status was noted as modified with restrictions. On 4/1/15, Utilization Review (UR) non-certified requests for protonix 20 mg #60 and nalfon 400 mg #60, and modified requests for Neurontin 600 mg #90 to #45 and tramadol ER 150 mg #30 to #15. UR cited the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants Page(s): 16-22.

Decision rationale: Per the MTUS, anti-epilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin (neurontin) has been shown to be effective for treatment of diabetic neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. There is no documentation that this injured worker had neuropathic pain. A "good" response to the use of AEDs is defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. Lack of at least a 30% response per the MTUS would warrant a switch to a different first line agent or combination therapy. After initiation of treatment, there should be documentation of pain relief with improvement in function, and documentation of any side effects, with continued use of AEDs dependent on improved outcomes versus tolerability of adverse effects. This injured worker has chronic neck and arm pain. Gabapentin has been prescribed for at least four months. There was no documentation of measureable pain relief or functional improvement as a result of its use. Although some work restrictions were noted, the documentation indicates that the injured worker is not working and has not worked since December 2013. Antiepileptic drugs (AEDs) are associated with teratogenicity and should be used with caution in women of childbearing age. There is no evidence that the treating physician has discussed this with this reproductive age female; there was no evidence for informed consent to use a reproductive hazard. Due to lack of functional improvement and risk of teratogenicity, the request for neurontin is not medically necessary.

Tramadol ER 150 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

Decision rationale: This injured worker has been prescribed tramadol for at least four months. Tramadol is a centrally acting synthetic opioid analgesic, which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. It may also produce life-threatening serotonin syndrome. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a

prior failure of non-opioid therapy. There was no discussion of functional goals, the injured worker was not documented to be currently working, and there was no discussion of opioid contract or random drug testing. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, tramadol does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Protonix 20 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 - 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: This injured worker has been prescribed nalfon, a non-steroidal anti-inflammatory medication (NSAID), and protonix, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). None of these risk factors were present for this injured worker. Long-term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. The documentation indicates that PPIs have been prescribed for at least four months and possibly for several years. Due to lack of indication and potential for toxicity, the request for protonix is not medically necessary.

Nalfon 400 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The MTUS does not specifically reference the use of

NSAIDs for long-term treatment of chronic pain in other specific body parts. This injured worker was noted to have chronic neck and arm pain. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDS are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The documentation indicates that the injured worker has been prescribed nalfon for at least four months, and that she was previously treated with naproxen, possibly for several years. There was no documentation of functional improvement as a result of use of naproxen. The documentation indicates the injured worker has not worked since December 2013, and there was no documentation of improvement in activities of daily living, decrease in medication use, or decrease in frequency of office visits. Due to length of use in excess of the guideline recommendations and lack of functional improvement, the request for naproxen is not medically necessary.