

Case Number:	CM15-0071811		
Date Assigned:	04/22/2015	Date of Injury:	01/24/2008
Decision Date:	07/07/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/15/2015

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 Jersey

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 44 year old man sustained an industrial injury on 1/24/2008 after a slip and fall. Evaluations include left shoulder x-rays dated 4/17/2014, electromyogram dated 7/14/2014, and lumbar spine MRI dated 7/1/2014. Diagnoses include left shoulder popping. Treatment has included oral medications. Physician notes dated 1/12/2015 show complaints of left shoulder pain.

Recommendations include Tramadol, Norco, Omeprazole, Biofreeze, Gabapentin, and follow up in two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 500mg, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, pp. 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, there was record of ongoing Naproxen use at least for a few months leading up to this request. However, there was no report seen in the documentation regarding its effectiveness on treating the worker's chronic pain, and there was no report of functional gain directly related to its use. Regardless of this fact, there was no evidence to suggest ongoing use of any NSAID would be appropriate for the diagnoses listed considering the side effect risks associated with chronic use. Therefore, the request for regular daily use of Naproxen will be considered medically unnecessary.

Gabapentin 300mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin (Neurontin); Gabapentin (Neurontin) Page(s): 18, 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs, pp. 16-22.

Decision rationale: The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, there was record of chronic use of Gabapentin for neuropathic pain, which there was some evidence to support as the nerve testing suggested neuropathy and the worker reported some numbness in the list of complaints. However, in the notes available for review, there was a lack of reporting on how effective gabapentin was at reducing this neuropathic pain in a measurable way, and how it increased overall function, which is required in order to justify ongoing use. Therefore, the request for Gabapentin will be considered medically unnecessary until this is provided to help support this request.

Omeprazole 20mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Physicians Desk Reference (PRD), 2011.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, pp. 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was insufficient evidence to support the use of omeprazole as long as was being prescribed. There was no evidence found in the notes to show an elevated risk for gastrointestinal events. Also, since this reviewer recommended discontinuation of naproxen, there is even less reason to continue omeprazole. Therefore, considering the side effect profile for this medication and lack of evidence for a need, the omeprazole will be considered medically unnecessary.

Tramadol 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Ultram (tramadol) Page(s): 74-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documentation provided which showed that this full review regarding tramadol use was completed. There was no report that included a clear and measurable pain reduction and functional gain directly related to the ongoing use of tramadol. Without this important information to help justify the continuation of tramadol, the request for continuation will be considered medically unnecessary at this time. Weaning may be indicated.

Norco 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documentation provided which showed that this full review regarding Norco use was completed. There was no report that included a clear and measurable pain reduction and functional gain directly related to the ongoing use of Norco. Without this important information to help justify the continuation of Norco, the request for continuation will be considered medically unnecessary at this time. Weaning may be indicated.