

Case Number:	CM15-0072939		
Date Assigned:	04/23/2015	Date of Injury:	02/21/2001
Decision Date:	06/25/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/16/2015

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: 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:

This 56-year-old male sustained an industrial injury to bilateral upper extremities on 2/21/01. Recent treatment included magnetic resonance imaging and medications. In an office visit dated 12/11/14, the injured worker reported some worsening of his complex regional pain syndrome. The injured worker's medications had been interrupted for lack of authorization. The physician noted that there could be a muscular component with regional pain syndrome. The injured worker had some pain about the right shoulder with impingement signs. Current diagnoses included reflex sympathetic dystrophy of upper limb, muscle spasm and carpal tunnel syndrome. The treatment plan included requesting authorization for [REDACTED] interdisciplinary pain rehabilitation program evaluation, magnetic resonance imaging right shoulder and medications (Tramadol, Naproxen Sodium and Effexor). In a progress note dated 3/13/15, a denial had been received for magnetic resonance imaging right shoulder and [REDACTED] evaluation. No physical exam or review of medication effects are/were documented. The treatment plan included discontinuing Tramadol and a prescription for Tylenol with Codeine #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Tylenol with Codeine #3 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Exam Opioids Page(s): 6; 78-80.

Decision rationale: MTUS Guidelines have very specific evaluation standards when long-term use of opioids are recommended. These include review of the prior use of opioids, a reasonable physical examination and stated goals with use. These standards are not met with this individual. There is no discussion regarding the prior use of Tramadol and the proposed use of Tylenol with Codeine. There is no physical examination documented other than reporting of vital signs. Under these circumstances, the Tylenol with Codeine #3 QTY 60 with 3 refills is not supported by Guidelines and is not medically necessary. The prescribing physician can influence this in the future with the recommended documentation.

60 tablets of Naproxen 500mg with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68.

Decision rationale: MTUS Guidelines support the use of NSAID medications when they are utilized for the shortest period of time reasonable and the lowest possible dose that is effective. In the records reviewed, the prescribing physician does not meet these standards due to a lack of documentation. There is no review/documentation of the benefits from the long-term NSAID use and there is no review/documentation of potential side effects. Under these circumstances, the Naproxen 500mg #60 with 3 refills is not supported by Guidelines and is not medically necessary.

30 tablets of Effexor 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: MTUS Guidelines support the use of antidepressants for chronic pain, particularly if there is a neuropathic pain component, which this individual has. However, the Guidelines specifically recommend; "Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment." The Guidelines standards are not met in the records reviewed. Under these circumstances, the Effexor 100mg #30 is not supported by Guidelines and is not medically necessary.

60 tablets of Omeprazole 20mg ER with 3 refills: Upheld

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

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

Decision rationale: MTUS Guidelines do not support the prophylactic use of proton pump inhibitors (Omeprazole) unless there are specific risk factors associated with NSAID use or if there are GI symptoms associated with medication use. In the records reviewed, there is no documentation of risk factors or GI problems. Proton pump inhibitors are not benign medications when used long term. They are associated with increased fractures, biological mineral dysregulation and quality recent medical evidence is showing that they likely increased heart attack risk due to interference with nitrous oxide. Without documented rationale for its use, the Omeprazole 20mg. ER #60 with 3 refills is not supported by Guidelines and is not medically necessary.