

Case Number:	CM15-0076862		
Date Assigned:	05/04/2015	Date of Injury:	01/04/2013
Decision Date:	06/19/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/22/2015

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, Indiana, 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 39-year-old female, who sustained an industrial injury on 1/04/2013. The mechanism of injury was not noted. The injured worker was diagnosed as having status post right arthroscopic subacromial decompression and debridement, right carpal tunnel syndrome (electro diagnostically positive), and cervical sprain/strain. Treatment to date has included right shoulder surgery 2/2014, physical therapy, transcutaneous electrical nerve stimulation unit, chiropractic, and medications. On 3/27/2015, the injured worker complains of right wrist/hand pain (rated 8/10), right shoulder pain (rated 5/10), and cervical pain (rated 5/10). Medications included Hydrocodone, Celebrex, and Pantoprazole. Right carpal tunnel release surgery was authorized and pending. Work status was temporary partial disability. Medications were documented to facilitate improved tolerance to a variety of activities (unspecified). The progress report (3/06/2015) noted a history of gastrointestinal upset with non-steroidal anti-inflammatory drug without proton pump inhibitor, even daily or twice daily dosing. No gastrointestinal complaints were noted with the use of proton pump inhibitor at current dose (three times daily). At this time, right shoulder pain was rated 8/10, right wrist/hand pain was 6/10, and cervical pain was 5/10. Medications were documented to facilitate improved tolerance to activities of daily living and exercise regime. Hydrocodone was noted to decrease pain by an average of 4-5 points and non-steroidal anti-inflammatory drug use diminished pain an additional 3-4 points and improved range of motion. Cyclobenzaprine was noted to decrease spasm, decrease pain, and improve range of motion. The treatment plan included Celebrex, Hydrocodone, Naproxen, Pantoprazole, and Cyclobenzaprine. The use of opioid and non-steroidal anti-inflammatory drug

medication was noted for greater than 6 months and pain levels appeared consistent or worsening, without a change in work status. Urine toxicology and/or routine lab-work monitoring was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Hydrocodone 10/325mg # 90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are status post right arthroscopic subacromial decompression and treatment (shoulder); carpal tunnel syndrome symptoms with positive electrodiagnostic findings; and cervical sprain/strain. The earliest progress note of the medical records dated May 13, 2014. The treating provider prescribed Hydrocodone 10/325 mg at that time. In a progress note dated July 29, 2014, Hydrocodone 10/325 mg was continued and Celebrex was added. In a September 5, 2014 progress note, Hydrocodone 10/325 mg and Celebrex were continued and Pantoprazole 20 mg TID was added. In a progress note dated March 6, 2015, Hydrocodone 10/325 mg, Celebrex, Pantoprazole 20 mg TID were continued and Anaprox (Naproxen) 550 mg was added. In a progress note dated March 23, 2015, Norco, Celebrex and Pantoprazole were continued but Naproxen was not documented in the progress note. Subjectively, the VAS pain scores were relatively static. There was no documentation of objective functional improvement with ongoing Hydrocodone 10/325 mg. There were no risk assessments in the medical record. There were no detail pain assessments in the medical record. There was no attempt at weaning Hydrocodone in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement, risk assessments and detailed pain assessments and an attempt to wean hydrocodone, Hydrocodone 10/325mg # 90 is not medically necessary.

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Pantoprazole 20mg #60 mg is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are status post right arthroscopic subacromial decompression and treatment (shoulder); carpal tunnel syndrome symptoms with positive electro diagnostic findings; and cervical sprain/strain. The earliest progress note of the medical records dated May 13, 2014. The treating provider prescribed Hydrocodone 10/325 mg at that time. In a progress note dated July 29, 2014, Hydrocodone 10/325 mg was continued and Celebrex was added. In a September 5, 2014 progress note, Hydrocodone 10/325 mg and Celebrex were continued and Pantoprazole 20 mg TID was added. In a progress note dated March 6, 2015, Hydrocodone 10/325 mg, Celebrex, Pantoprazole 20 mg TID were continued and Anaprox (Naproxen) 550 mg was added. In a progress note dated March 23, 2015, Norco, Celebrex and Pantoprazole were continued but Naproxen was not documented in the progress note. Subjectively, the VAS pain scores were relatively static. The documentation shows Pantoprazole 20 mg was prescribed TID. Pantoprazole frequency is 40 mg once per day. The treating provider prescribed 20 mg TID. The dosing schedule, according to the treating provider, is not clinically indicated. Additionally, there is no history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. The treating provider prescribed 2 non-steroidal anti-inflammatory drugs with no clinical rationale to support both Celebrex and Naproxen 550 mg. Consequently, absent clinical documentation to support Pantoprazole 20 mg three times per day with no gastrointestinal risk factors or co-morbid conditions, Pantoprazole 20mg #60 mg is not medically necessary.

Naproxen 550mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen 550 mg #90 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with

moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are status post right arthroscopic subacromial decompression and treatment (shoulder); } carpal tunnel syndrome symptoms with positive electro diagnostic findings; and cervical sprain/strain. The earliest progress note in the medical record is dated May 13, 2014. The treating provider prescribed Hydrocodone 10/325 mg at that time. In a progress note dated July 29, 2014, Hydrocodone 10/325 mg was continued and Celebrex was added. In a September 5, 2014 progress note, Hydrocodone 10/325 mg and Celebrex were continued and Pantoprazole 20 mg TID was added. In a progress note dated March 6, 2015, Hydrocodone 10/325 mg, Celebrex, Pantoprazole 20 mg TID were continued and Anaprox (naproxen) 550 mg was added. In a progress note dated March 23, 2015, Norco, Celebrex and Pantoprazole were continued but Naproxen was not documented in the progress note. Subjectively, the VAS pain scores were relatively static. The documentation, according to a March 6, 2015 progress note shows the treating provider prescribed both Celebrex and Anaprox (Naproxen 550 mg) concurrently. There is no clinical rationale for the dual use of two non-steroidal anti-inflammatory drugs. The March 23, 2015 progress note (request for authorization date April 2, 2015) contains an entry for Celebrex but not for Naproxen 550 mg. There is no documentation of objective functional improvement for ongoing Celebrex/Anaprox. Consequently, absent clinical documentation with a clinical indication/rationale for the dual use of two non-steroidal anti-inflammatory drugs and objective functional improvement with either/both non-steroidal anti-inflammatory drugs, Naproxen 550 mg #90 is not medically necessary.