

Case Number:	CM14-0144451		
Date Assigned:	09/12/2014	Date of Injury:	10/25/2010
Decision Date:	10/21/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 24 year old female injured on 10/25/10 as a result of repetitive motion resulting in diagnosis of cervical strain, trapezius strain, lateral epicondylitis, and cervical spine radiculopathy. The injured worker reported pain in the left upper extremity with associated numbness and tingling and pain radiating to the distal extremity. The injured worker was initially treated with physical therapy, cervical pillow, modified duty, chiropractic session, corticosteroid injection, and left shoulder rotator cuff surgery on 10/08/13. Letter dated 09/23/14 indicated the injured worker complained of ongoing left shoulder pain increased following non-recommendation of Nucynta. The injured worker utilized Norco and acupuncture in addition to shoulder massages for pain relief. The injured worker rated pain 5/10 decreased from 7-8/10 without medication. Initial request was non-certified on 08/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL ER 150 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Tramadol HCL ER 150 MG #30 is not medically necessary at this time.

Pantoprazole 20 MG 1 By Mouth 2 Times A Day #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Documentation indicates the injured worker has a history of prolonged non-steroidal anti-inflammatory drugs and narcotics use resulting in gastric irritation and need for protection. As such, the request for Pantoprazole 20mg 1 By Mouth 2 Times a Day #60 is recommended as medically necessary.