MAXIMUS Federal Services

Case Number:	CM13-0034492		
Date Assigned:	06/11/2014	Date of Injury:	03/14/2010
Decision Date:	08/12/2014	UR Denial Date:	09/08/2013
Priority:	Standard	Application Received:	10/15/2013

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 Physical Medicine and Rehabilitation 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 47-year-old female who reported an injury on 03/14/2010. The mechanism of injury was not documented in the submitted report. The injured worker complained of pain in the wrist with numbness and tingling. She also complained of pain in the neck, back, right and left arm, right shoulder, and left knee. The level of pain was not documented. The injured worker also reported weakness on upper extremities. Physical examination dated 07/01/2014 revealed that the neck and lumbar spine had tenderness to palpation. On examination of the left knee, she had an extension of 170 degrees and flexion of 110 degrees. The injured worker had crepitation with range of motion. She also had tenderness along the medial and lateral joint lines. The ranges of motion of the neck, back and bilateral arms were not documented in the submitted report. The documentation also lacked motor strength on the injured worker. The diagnostic studies include MRIs and EMGs. The injured worker has diagnoses of discogenic lumbar condition, discogenic cervical condition, impingement syndrome of the shoulder on the right with bicipital tendinitis, internal derangement of the knee on the left, carpal tunnel syndrome bilateral, and elements of depression. The past treatments include hyalgan injections, cortisone injections, physical therapy and medication therapy. It is noted that the injured worker failed conservative treatment. The medications include Norco 10/325 mg #60, Protonix 20 mg #60, naproxen 550 mg #60, tramadol ER 150 mg #30, and Effexor 75 mg #60. The duration and frequency were not noted in the documentation. The treatment plan was for medications including tramadol ER 150, Flexeril 7.5 mg, diclofenac 100 mg, and Prilosec 20 mg. The provider was requesting these medications for constant pain in all injured areas along with numbness, tingling and spasms. The request for authorization form was submitted on 10/09/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg - quantity: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids, Opioids for Back Pain Tramadol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing management Page(s): 93-94, 113, 78.

Decision rationale: The request for Tramadol ER 150mg quantity: 30 is not medically necessary. The injured worker complained of persistent pain in the wrist with numbness and tingling. It was also noted that the injured worker complained of pain in her neck, back, right and left arm, right shoulder and left knee. No level of pain was documented on most recent progress note dated 07/01/2014. The California MTUS states Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. The California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. MTUS guidelines also state that there should be a current pain assessment that should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There should also be the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The submitted report revealed no evidence that the injured worker had a diagnosis of neuropathic pain. The report did not provide any evidence of effectiveness on functional improvements with the use of tramadol. There were no notes suggesting what pain levels were before, during and after medication. There was no documentation of the four A's, to include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behavior. The request submitted did not indicate a frequency and duration of the requested medication (Tramadol). Furthermore, it is unclear as to when the injured worker started taking the Tramadol and how often they were taking it. Given the above, the injured worker is not within the California MTUS Guidelines. Therefore, the request for tramadol ER 150 mg, quantity of 30, is not medically necessary.

Flexeril 7.5mg quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) (Flexeril) (Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42, 64.

Decision rationale: The request for Flexeril 7.5mg quantity: 60 is not medically necessary. The injured worker complained of persistent pain in the wrist with numbness and tingling. It was also noted that the injured worker complained of pain in her neck, back, right and left arm, right shoulder and left knee. No level of pain was documented on most recent progress note dated

07/01/2014. California Medical Treatment Utilization Schedule (MTUS) states that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2-3 weeks. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The request submitted does not specify the frequency of the medication. There was also no quantified information regarding pain relief, and nothing noted as to whether the above medication helped the injured worker with any functional deficits. There was no assessment regarding current pain on a VAS, average pain, intensity of pain, or longevity of pain relief. In addition, there was no mention of a lack of side effects. Furthermore, it was not mentioned in the submitted report as to when the injured worker started taking the Flexeril.

Diclofenac 100mg quantity: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Specific Recommendations Back pain Diclofenac (Voltaren).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70-71.

Decision rationale: The request for Diclofenac 100mg quantity: 30 are not medically necessary. The injured worker complained of persistent pain in the wrist with numbness and tingling. It was also noted that the injured worker complained of pain in her neck, back, right and left arm, right shoulder and left knee. No level of pain was documented on most recent progress note dated 07/01/2014. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that Diclofenac is a prescription non-steroidal anti-inflammatory medication. All NSAIDs carry a risk of adverse cardiovascular events including Myocardial Infarction, stroke, and worsening hypertension. Guidelines also state that NSAIDs can cause GI symptoms such as ulcers, bleeding in the stomach, abdominal cramps, nausea and diarrhea. Non-prescription medication may be sufficient for both acute and sub-acute symptoms when used in conjunction with activity modification and ice and/or heat therapy. As the guidelines stipulate that NSAIDs should be used for short-term therapy, the submitted report did not submit any evidence as to when the injured worker started using diclofenac as a medication therapy. Furthermore, NSAIDs can cause or worsen GI symptoms and, in the progress notes, the injured worker reported significant burning and nausea with the use of her anti-inflammatory medication. The efficacy of the medication was not provided and the frequency of the medication was not provided in the request as submitted. Therefore, the request for diclofenac 100 mg, quantity 30 tablets, is not medically necessary.

Prilosec 20mg quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors NSAIDS, Gi Symptoms and Cardiovascular Risk.

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

Decision rationale: The request for Prilosec 20mg quantity: 60: is not medically necessary. The injured worker complained of persistent pain in the wrist with numbness and tingling. It was also noted that the injured worker complained of pain in her neck, back, right and left arm, right shoulder and left knee. No level of pain was documented on most recent progress note dated 07/01/2014. The California MTUS Guidelines state Prilosec is a proton pump inhibitor. For use of this class of medication, providers should weigh the indications for nonsteroidal anti-inflammatory medications (NSAIDs) against both GI and cardiovascular factors. Providers should assess if the patient is at risk for gastrointestinal events by determining if they are over 65 years of age, have a history of peptic ulcer, GI bleeding or perforation, if there is concurrent use of aspirin, corticosteroids, and/or an anticoagulant or if they are on high dose/multiple dose NSAID therapy. Patients with no risk factors and without cardiovascular disease may use a nonselective NSAID such as ibuprofen. For patients with an intermediate risk for gastrointestinal events and no cardiovascular disease, a nonselective NSAID with either a PPI (proton pump inhibitor) or a cox-2 selective agent is recommended. For treatment of dyspnea related to NSAID therapy, it is recommended to stop the NSAID and switch to a different kind. The submitted documents did not indicate any evidence that the injured worker exhibited risk factors for GI events, which is what Prilosec is medically necessary. Furthermore, the considering request for the NSAID diclofenac has been recommended as non-certified and the injured worker does not appear to be on any additional medication where the use of Prilosec may be deemed appropriate. The request as submitted did not include the frequency of the medication. Therefore, the request for Prilosec 20 mg, quantity 60, is not medically necessary.