

Case Number:	CM13-0037868		
Date Assigned:	04/25/2014	Date of Injury:	09/10/2008
Decision Date:	08/07/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/24/2013

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 Anesthesiology, Pain Medicine, and is licensed to practice in Florida. 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 34-year-old female who reported an injury on 09/10/2008. The mechanism of injury was not provided for clinical review. The diagnoses included discogenic cervical condition with facet inflammation, impingement sign, rotator cuff strain, epicondylitis, depression, anxiety, sleep dysfunction, and sexual dysfunction. Previous treatments include medication and electromyography (EMG). In the clinical note dated 09/12/2013, it was reported the injured worker complained of increased pain to the right shoulder. Upon the physical examination, the provider noted tenderness along the cervical paraspinal muscles, trapezius, and shoulder girdle bilaterally. The provider requested tramadol for pain, Flexeril for muscle spasms, Medrox patch for pain, and Prilosec to buffer the stomach. However, the rationale was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER (extended release) 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 88-89, 78.

Decision rationale: The injured worker complained of increased pain to her right shoulder. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. The injured worker has been utilizing the medication since at least 04/2013. There is a lack of documentation indicating the medication had been providing objective functional benefit and improvement. The request submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not provided in the documentation submitted. Therefore, the request for Tramadol ER (extended release) 150mg #60 is non-certified.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The injured worker complained of increased pain to her right shoulder. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with low back pain. The MTUS guidelines note the medication is not recommended to be used for longer than two to three weeks. There is lack of significant objective findings indicating the injured worker had muscle spasms. The injured worker has been utilizing the medication since at least 04/2013 which exceeds the guideline's recommendation of short term use of two to three weeks. There is lack of documentation indicating the efficacy of the medication, as evidenced by significant functional improvement. Furthermore, the request submitted does not specify the frequency of the medication. Therefore, the request for Flexeril 7.5mg #60 is non-certified.

Medrox Patch #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 11-112.

Decision rationale: The injured worker complained of increased right shoulder pain. Medrox patch contains capsaicin 0.0375%, menthol, and methyl salicylate. The California MTUS Guidelines note topical non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of four to twelve weeks. Capsaicin is only recommended as an option for injured workers who have not

responded or are intolerant to other treatments. Capsaicin is generally available in 0.025%. No studies of a 0.0375% formulation and no indication of an increase over 0.025% would provide any further efficacy. In this case, there is lack of documentation indicating the injured worker did not respond or was intolerant to other treatments. There is lack of documentation indicating the injured worker is diagnosed with osteoarthritis or tendinitis. There is lack of documentation indicating the efficacy of the medication, as evidenced by significant functional improvement. Furthermore, the request failed to provide a treatment site. The request submitted does not specify the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 04/2013 which exceeds the MTUS guideline's recommendations of short term use of four to twelve weeks. Therefore, the request for Medrox Patch #20 is non-certified.

Prilosec 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The injured worker complained of increased right shoulder pain. The California MTUS Guidelines noted proton pump inhibitors, such as Prilosec are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk for gastrointestinal events include over the age of 65, history of peptic ulcers, gastrointestinal bleeding or perforation, use of corticosteroid and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking non-steroidal anti-inflammatory drugs (NSAIDs). The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. The documentation submitted did not indicate the injured worker had a history of peptic ulcer, gastrointestinal bleed or perforation. The injured worker has been utilizing the medication since at least 04/2013. There is lack of documentation indicating the efficacy of the medication, as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is a lack of documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request for Prilosec 20mg #60 is non-certified.