

Case Number:	CM13-0053107		
Date Assigned:	12/30/2013	Date of Injury:	02/19/2013
Decision Date:	07/29/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/18/2013

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 Occupational Medicine, and is licensed to practice in Texas. 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 51-year-old who had a work related injury on February 19, 2013. She was unloading trays of material that were very heavy when she felt sudden back pain. She felt that she could not stand up straight. She was switched to another area, and then her neck started to hurt her. The injured subsequently started to have shoulder pain on the right side that was more likely than not referred pain. Swelling and tenderness in right elbow is noted. She was initially seen by occupational medicine, where she was being treated for her right elbow and back. Her treatment included bracing and anti-inflammatory medication. Symptoms had not improved. The injured worker had physical therapy anti-inflammatory medications without relief. She also had right shoulder injection with temporary relief of symptoms. MRI of the lumbar spine dated June 12, 2013, T11-12 4mm cranially dissecting central disc extrusion with mild which mildly impressed upon the thecal sac. T12-L1 a 2mm annular disc bulge with mild which mildly impressed on the thecal sac. L1-2 a 2.2mm annular disc bulge which mildly impressed on the thecal sac. L2-3 bilateral facet arthrosis was noted. L3-4 a 2mm circumferential disc bulge which touched the thecal sac, bilateral facet arthrosis, and mild left neural foraminal narrowing were noted. At L4-5 a 6.6mm central disc protrusion which mildly impressed on the thecal sac. Bilateral facet arthrosis was noted. At L5-S1 a 5.7mm central disc protrusion which did not appear to impress on the thecal sac or neural structures. High intensity zone was present within the posterior annular fibers of the disc which may have represented annular tear that may have been associated with pain. Cervical MRI dated June 12, 2013 C2-3 bilateral facet arthrosis was noted. C3-4 bilateral facet arthrosis was noted. C4-5 2mm anterior disc protrusion was noted. Bilateral facet arthrosis and mild left neural foraminal narrowing was noted. C5-6 bilateral facet arthrosis was noted. The most recent progress note dated October 2, 2013 the injured worker followed up. She was awaiting right shoulder surgery. She continued to

have neck pain, right shoulder pain right arm pain, low back pain. Cervical examination negative Spurling test motor strength was motor testing was 5/5 through all muscle groups of upper extremities. Flexion/extension was normal. Pain with extension and lateral bending. Reflexes were 2+ in upper extremities. Lumbar examination gait was within normal limits. Normal lordotic curvature was present. Tenderness to palpation in the paralumbar musculature. Negative tenderness in the parathoracic musculature. Positive muscle spasm in the paralumbar musculature. Motor testing was 5/5 in all muscle groups of lower extremities. Walking on tip toes and heels was performed without difficulty. Deep tendon reflexes were 2+ in lower extremities. Range of motion of lumbar spine flexion/extension was normal pain with full flexion. Negative straight leg raise in supine and sitting position. Right shoulder examination positive Neer and Hawkins tests. Negative O'Brien and speed tests. Positive greater tuberosity tenderness. Negative tenderness over biceps tendon. Resisted abduction strength and external rotation strength was 5/5. Negative drop arm test and scapular winging and sulcus sign. Range of motion of the right shoulder abduction was normal flexion was normal internal rotation was normal external rotation was normal. Diagnosis was cervical strain. Right shoulder strain. Rule out impingement syndrome right shoulder. Right elbow lateral epicondylitis. Bilateral wrist rule out carpal tunnel syndrome. Low back strain. Prior utilization review on November 4, 2013 was non-certified. Current request was for omeprazole 20mg #30. Tramadol ER 150mg #30. Cyclobenzaprine 7.5mg. Diclofenac XR 100mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The clinical documentation submitted for review as well as current evidence based guidelines do not support the request. No documentation of gastrointestinal problems. Omeprazole is recommended for patients at risk for gastrointestinal events. Therefore, the request for Omeprazole 20mg, thirty count, is not medically necessary or appropriate.

Tramadol ER 150mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Tramadol (Ultram).

Decision rationale: The clinical documentation submitted for review as well as current evidence based guidelines do not support the request. Tramadol is a centrally acting synthetic opioid analgesic and it provides inferior analgesia compared to a combination of Hydrocodone/acetaminophen. Tramadol has unreliable analgesic activity and potential side effects such as serotonin syndrome. There is no documentation of functional improvement, and decrease in pain. Therefore, the request for Tramadol ER 150mg, thirty count, is not medically necessary or appropriate.

Cyclobenzaprine 7.5 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle Relaxants (for Pain).

Decision rationale: The clinical documentation submitted for review as well as current evidence based guidelines do not support the request. Recommended for a short course of therapy. There is no clinical documentation of muscle spasm, and no functional improvement. Therefore, the request for Cyclobenzaprine 7.5mg is not medically necessary or appropriate.

Diclofenac XR 100mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs.

Decision rationale: The clinical documentation submitted for review as well as current evidence based guidelines do not support the request. Recommended as an option for short-term symptomatic relief. There is no documentation of functional improvement, or significant reduction in pain. Therefore, the request for Diclofenac XR 100mg, thirty count, is not medically necessary or appropriate.