

Case Number:	CM14-0014603		
Date Assigned:	02/28/2014	Date of Injury:	08/10/2012
Decision Date:	07/14/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/05/2014

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 Psychiatry 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:

This is a 52-year-old male with an 8/10/12 date of injury. The patient was diagnosed with carpal tunnel syndrome clinically and by electromyography (EMG)/NCS (nerve conduction study) conducted on 6/20/13, which documented evidence of mild to moderate median nerve entrapment at the wrist bilaterally. There was also evidence of acute C5 and C6 radiculopathy. The patient was on Naproxen, Prilosec, Tramadol, and Ativan. The patient was seen on 12/20/13 with 6/10 pain in the neck and low back with right leg radiculopathy. The patient also had signs of carpal tunnel syndrome and was to schedule a left carpal tunnel release. Pre operative labs and chest x-ray were ordered as well as postoperative medications including omeprazole, Naproxen, Tramadol, Hydrocodone, and Lorazepam for sleep. He was also noted to be on cyclobenzaprine for C-spine musculoligamentous strain and left upper extremity radiculitis. On 1/20/14, the patient was seen and noted to be on the same medications, all on an as needed basis. His pain was noted to be a 7/10. Exam findings were unchanged. On 1/27/14, the patient's left carpal tunnel release was authorized. MRI (magnetic resonance imaging) C-spine 8/6/13: multilevel disc bulges with flattening of the Dura from C3 to C7. MRI of the left shoulder 8/6/13 revealed a high-grade bursal tear of the supraspinatus and mild capsular thickening. The treatment to date: medications, home exercise program. A utilization review decision dated 1/27/14 denied the requests for pre operative chest X-ray and labs given the carpal tunnel release was not authorized at the time of the decision. Omeprazole was denied given there was no history of gastrointestinal events or complaints. Lorazepam was denied given MTUS does not support the prolonged use of benzodiazepines, and Cyclobenzaprine was denied given there was no evidence of an acute low back pain exacerbation. The request for Tramadol was modified from #200 to #40 to allow for weaning, as the progress notes did not document the analgesic effects of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50 MG # 200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Tramadol Page(s): 113.

Decision rationale: The CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action of opiate receptors, thus criterion for opiate use per MTUS must be followed. In this case, the patient has been on #200 chronically without any information regarding how many pills he takes per day for pain control, if there are any functional gains, a pain contract, or monitoring with this medication. He is also noted to be in hydrocodone. The utilization review decision was to initiate a taper given lack of documentation, which is appropriate in this case, as the aforementioned items have not been monitored on an ongoing basis. Therefore, the request for Tramadol as submitted is not medically necessary.

PREOPERATIVE CHEST X-RAYS AND LABS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter - Pre operative EKG and Lab testing), and ACC/AHA 2007 Guidelines for peri-operative cardiovascular evaluation.

Decision rationale: The CA MTUS does not address the issue. The Official Disability Guidelines (ODG) states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and undergoing intermediate-risk surgery and those who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change peri-operative management. The ACC/AHA 2007 Guidelines on peri-operative cardiovascular evaluation and care for non-cardiac surgery state that in the asymptomatic patient, a more extensive assessment of history and physical examination is

warranted in those individuals 50 years of age or older. This patient's carpal tunnel release was authorized on 1/27/14, and a pre operative evaluation is appropriate given he was scheduled to undergo a left carpal tunnel release which requires sedation and at his age. The request is reasonable. Therefore, the request for a preoperative labs and a chest X-ray is medically necessary.

OMEPRAZOLE 20MG, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Omeprazole.

Decision rationale: The CA MTUS and the Food and Drug Administration (FDA) supports proton pump inhibitors in the treatment of patients with gastrointestinal disorders such as gastric/duodenal ulcers, gastroesophageal reflux disease (GERD), erosive esophagitis, or patients utilizing chronic non-steroidal anti-inflammatory drugs (NSAIDs) therapy. This patient was noted to be on Naproxen chronically for his carpal tunnel syndrome and neck pain. The use of a proton pump inhibitor for GI prophylaxis is supported in patients with chronic NSAID therapy. Therefore, the request for Omeprazole is medically necessary.

LORAZEPAM 2MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Benzodiazepines Page(s): 24.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. In this case, the patient was noted to be on benzodiazepines longer than 4 weeks. He was prescribed it for postoperative insomnia, but this is not a first line agent for insomnia. In addition, the patient has exceeded the treatment guidelines with regard to duration of use. Therefore, the request for Lorazepam is not medically necessary.

CYCLOBENZAPRINE 10MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Antispasmodic Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Muscle Relaxants Page(s): 63-66.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP); however, in most LBP cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. The patient has been on this medication chronically with no documentation of functional gain. In addition, this medication is meant for short-term use in patients with acute spasm or low back pain exacerbations. In this case, the patient has been on this medication chronically and exceeded the treatment guidelines with regard to duration of use. Therefore, the request for cyclobenzaprine is not medically necessary.