

Case Number:	CM14-0151333		
Date Assigned:	09/19/2014	Date of Injury:	12/06/2010
Decision Date:	10/22/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/16/2014

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 Occupational 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 claimant was injured on 12/06/10. Tramadol, Prilosec, Xanax, Norflex, and topical creams are under review. He has been diagnosed with shoulder impingement, lumbar spondylosis without myelopathy, and an acute meniscal tear. He also had an MRI of the right shoulder on 02/26/14. There were similar findings on that side. On 07/22/14, he remained on his medications with pain. Physical findings and diagnoses were the same. Arthroscopic surgery for the left shoulder was recommended. An MRI of the left shoulder dated 07/30/14 showed a joint effusion, anterior and posterior capsulitis and sprain, acromion type II with arthrosis of the AC joint, impingement on the supraspinatus tendon and a supraspinatus tendon tear which may be partial or full-thickness. There was also subscapularis tendinosis or partial tear, a SLAP tear and fluid within the biceps tendon sheath which may be bicipital tenosynovitis. On 08/26/14, he saw an orthopedic surgeon and had a lot of pain in his left shoulder with severe pain in his neck, moderate bilateral shoulder pain, severe bilateral elbow pain, moderate right knee pain, and severe left knee and bilateral wrist pain. He was not in therapy and was not working. He was taking Xanax for sleep, tramadol for pain, Prilosec to protect his stomach, Norflex for spasm, and had not had topical creams. He was using a cane in the right hand. Range of motion of the shoulders was restricted. He had bilateral knee effusions and synovitis. He has posttraumatic arthritis of both elbows and ulnar nerve entrapment bilaterally. He has bilateral ulnar nerve palsies, bilateral medial meniscus tears, and early osteoarthritis with depression, anxiety, insomnia, cervical spine sprain, status post subtotal medial meniscectomy, chondroplasty of the medial compartment of the left knee, and synovectomy on 06/10/11 and left carpal tunnel release and Guyon's canal release of the median and ulnar nerves on 07/29/11. He had a massive left shoulder rotator cuff tear. His medications were refilled including tramadol, Prilosec, Norflex,

Xanax, and topical creams. He was given 2 knee braces. His left knee received an injection. Supartz injections were recommended for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 145.

Decision rationale: The history and documentation do not objectively support the request for tramadol 150 mg #60. The CA MTUS state "tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." The MTUS also state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days. A record of pain and function with the medication should be recorded. (Mens 2005)". There is no documentation of trials and failure of or intolerance to other more commonly used first line drugs, including acetaminophen, antidepressants, and antineuropathic agents. The expected benefit or indications for the use of this medication have not been stated. The medical necessity of tramadol ER 150 mg #60 has not been clearly There is no documentation of trials and failure of or intolerance to other more commonly used first line drugs, including acetaminophen, antidepressants, and antineuropathic agents. The expected benefit or indications for the use of this medication have not been stated. The medical necessity of tramadol ER 150 mg #60 has not been clearly demonstrated.

Prilosec 20mg #90: 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 Proton Pump Inhibitors Page(s): 102.

Decision rationale: The history and documentation do not objectively support the request for Prilosec 20mg #90. The MTUS state regarding PPIs that "patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a

PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200g four times daily) or (2) a Cox-2 selective agent. In this case, there is no documentation of GI conditions or increased risk to the GI tract to support the use of this medication. The medical necessity of this request for Prilosec 20 mg #90 has not been clearly demonstrated.

Xanax 1mg #60: 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 Benzodiazepines Page(s): 54.

Decision rationale: The history and documentation do not objectively support the request for Xanax 1 mg #60. The MTUS state regarding benzodiazepines, "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005)" Additionally, MTUS states "before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of symptoms and improved function with the medication should be recorded. (Mens 2005) The medical documentation provided does not establish the need for long-term/chronic usage of Xanax, which MTUS guidelines advise against. Typically, antidepressants may be recommended to assist with sleep. Additionally, the medical records provided do not provide objective findings of insomnia that has not responded to basis trials of simple sleep hygiene or that he has not responded to trials of first line drugs such as antidepressants. In this case, the claimant's pattern of use of this medication and his response to it, including relief of symptoms and documentation of functional improvement, have not been described. As such, this request for Xanax 1 mg #60 is not medically necessary.

Norflex 100 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers Page(s): 97.

Decision rationale: The history and documentation do not objectively support the request for Norflex 100 #60. The MTUS state "muscle relaxants (for pain) - recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. (Chou, 2004)" Additionally, MTUS and ODG state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days. A record of pain and function with the medication should be recorded. (Mens 2005)". The medical documentation provided does not establish the need for long-term/chronic usage of Norflex, which MTUS guidelines advise against. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimant's pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. The recommended frequency of use is not stated. As such, this request for Norflex 100 #60 is not medically necessary.

Topical creams Ketoprofen, Gabapentin, Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for the topical pain creams ketoprofen, gabapentin, and tramadol with quantity and frequency of use unknown. The MTUS state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant was also using other medications with no documentation of intolerance or lack of

effectiveness. The MTUS do not recommend the use of topical gabapentin or tramadol. The medical necessity of this request for ketoprofen, gabapentin, and tramadol has not been clearly demonstrated.