

Case Number:	CM14-0167341		
Date Assigned:	10/29/2014	Date of Injury:	12/06/2010
Decision Date:	12/05/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 60 years old male with an injury date on 12/06/2010. Based on the 08/26/2014 progress report provided by [REDACTED], the diagnoses are: 1. Bilateral shoulder impingement syndrome with posttraumatic arthritis of the acromioclavicular joints. 2. Bilateral elbow posttraumatic arthritis. 3. Ulnar nerve entrapment bilaterally, chronic and severe. 4. Bilateral ulnar nerve palsy with hand atrophy bilaterally. 5. Bilateral medial meniscus tears and early osteoarthritis of the knee. 6. Depression and anxiety. 7. Insomnia. 8. Sexual dysfunction. According to this report, the patient complains of "lots of pain with his left knee. He also states that he has severe neck pain, moderate shoulder pain bilaterally, severe elbow pain bilaterally, moderate right knee pain, severe left knee pain and his wrist hurt severely. Overall, he feels worse." The patient is "having pain with every step in his left knee. He uses a cane in the right hand." Physical exam reveals left shoulder range of motion is very restricted. For the shoulder, "the patient has 2/4 pain on the right and 3 /4 on the left. For the knee, "the patient has 2/4 pain on the right and 4/4 pain on the left." The patient "was made permanent and stationary with restrictions of no prolonged standing, walking, squatting, kneeling, stair ladder climbing, no overhead work bilaterally and a 5 pound lifting. At this point, he is probably down to a sedentary level." The 07/22/2014 report indicates the patient "feels worse than he did before." Positive impingement test, Neer's and Hawkin's test bilaterally. There were no other significant findings noted on this report. The utilization review denied the request on 09/15/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/06/2014 to 09/30/2014.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: According to the 08/26/2014 report by [REDACTED] this patient presents with lots of pain with his left knee. He also states that he has severe neck pain, moderate shoulder pain bilaterally, severe elbow pain bilaterally, moderate right knee pain, severe left knee pain and his wrist hurt severely. Overall, he feels worse." For the shoulder, "the patient has 2/4 pain on the right and 3/4 on the left. For the knee, "the patient has 2/4 pain on the right and 4/4 pain on the left." The treater is requesting Tramadol 150mg #60. Tramadol was first mentioned in the 02/10/13 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs (activities of daily living), adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of report shows documentation of pain assessment using a numerical scale describing the patient's pain and a detail list of ADL's restriction associated with patient's permanent and stationary status. However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. There is no opiate monitoring such as urine toxicology. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Request is not medically necessary.

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 PPI (proton pump inhibitor): NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: According to the 08/26/2014 report by [REDACTED] this patient presents with lots of pain with his left knee. He also states that he has severe neck pain, moderate shoulder pain bilaterally, severe elbow pain bilaterally, moderate right knee pain, severe left knee pain and his wrist hurt severely. Overall, he feels worse." Patient's current medications are Norflex, Xanax, Tramadol, Prilosec, and topical creams. The treater is requesting Prilosec 20mg #90. Prilosec was first mentioned in the 03/18/14 report; it is unknown exactly when the patient initially started taking this medication. The MTUS Guidelines state Omeprazole is recommended

for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of the report does not show that the patient has gastrointestinal side effects with medication use. Patient is currently not on NSAID. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the treater does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Request is not medically necessary.

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 Page(s): 24.

Decision rationale: According to the 08/26/2014 report by [REDACTED] this patient presents with lots of pain with his left knee. He also states that he has severe neck pain, moderate shoulder pain bilaterally, severe elbow pain bilaterally, moderate right knee pain, severe left knee pain and his wrist hurt severely. Overall, he feels worse. "The treater is requesting Xanax 1mg #60. MTUS guidelines page 24, do 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. Only short-term use of this medication is recommended for this medication. Review of reports show the patient has been prescribed Xanax since 02/10/14 and it is unknown exactly when the patient initially started taking this medication. It would appear that this medication is prescribed on a long-term basis, longer than a month. The treater does not mention that this is for a short-term use. MTUS does not support long-term use of this medication and the request is not medically necessary.

Norflex 100mg, #60: Upheld

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

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

Decision rationale: According to the 08/26/2014 report by [REDACTED] this patient presents with lots of pain with his left knee. He also states that he has severe neck pain, moderate shoulder pain bilaterally, severe elbow pain bilaterally, moderate right knee pain, severe left knee pain and his wrist hurt severely. Overall, he feels worse."The treater is requesting Norflex 100mg #60. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP (low back pain). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they

showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treater is requesting Norflex #60; the patient has been on medication since 07/22/2014. Norflex is not recommended for long term use. The treater does not mention that this is for a short-term use. Request is not medically necessary.

Topical Creams Ketoprofen, Gabapentin, Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain section Topical Cream Page(s): 111-113.

Decision rationale: According to the 08/26/2014 report by [REDACTED] this patient presents with lots of pain with his left knee. He also states that he has severe neck pain, moderate shoulder pain bilaterally, severe elbow pain bilaterally, moderate right knee pain, severe left knee pain and his wrist hurt severely. Overall, he feels worse."The treater is requesting topical creams ketoprofen, gabapentin, and tramadol. Regarding topical compounds, MTUS specifically states ketoprofen is not FDA approved for topical applications. Any compounded topical product containing ketoprofen would not be recommended. MTUS furthermore states that if one of the compounded products is not recommended then the entire compound is not recommended. In this case, gabapentin is not recommended for topical formulation and Tramadol is not discussed in any of the guidelines for topical formulation. Request is not medically necessary.