

Case Number:	CM14-0174130		
Date Assigned:	10/24/2014	Date of Injury:	05/19/2011
Decision Date:	12/03/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/20/2014

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 Illinois. 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 53 year old woman housekeeper with a date of injury on 5/19/2011, at which time she felt neck and left upper extremity pain. She underwent a cervical fusion on June 10, 2011 and had a 50% decrement in pain. Due to continuing 7/10 pain, she was offered an additional surgery, which she declined. In August 2014, it was noted that her condition was worsening. The latest clinical documents attached are from September 18, 2014. The exam was noted for diffuse tenderness in the posterior cervical musculature to the left of midline, pain on rotation to the left, and pain in the periscapular area on the left with full range of motion of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Tramadol ER 150mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Opioids, criteria for use; Tramadol Ultram Page(s): 75; 78; 113.

Decision rationale: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic. Central acting analgesics are an emerging fourth class of opiate analgesic that may be used to treat

chronic pain. This small class of synthetic opioids (e.g., tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as tramadol (Ultram) are reported to be effective in managing neuropathic pain. Side effects are similar to traditional opioids. Tramadol is not recommended as a first-line oral analgesic. There is no documentation that this worker has been tried on a first line medication. Based on Chronic Pain Medical Treatment Guidelines for criteria for on-going management of use of opioids, actions should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Four domains have been proposed as most relative for ongoing monitoring: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. Almost none of these criteria have been documented. In addition, an opioid contract is optional, but has not been furnished. Another reason to continue opioids is if the worker has returned to work; however, this information has not been made available either. Therefore, the request is not medically necessary.

(1) Prescription of Naproxen Sodium 550mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 73.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines, Naproxen is a non steroidal anti-inflammatory drug for the relief of the signs and symptoms of osteoarthritis. It is addressed for its analgesic/anti-inflammatory effects. It is recommended at the lowest dose for the shortest period in workers with moderate to severe pain. In the dose 550 mg by mouth twice daily, it can be increased to 1650 mg a day for limited periods. The maximum dose on day one should not exceed 1375 mg and 1100 mg on subsequent days, except for limited periods. Different dose strengths and formulations of the drug are not necessarily bioequivalent. Dosing Information: Osteoarthritis or ankylosing spondylitis: Dividing the daily dose into 3 doses versus 2 doses for immediate-release and delayed-release formulations generally does not affect response. Morning and evening doses do not have to be equal in size. The dose may be increased to 1500 mg/day of naproxen for limited periods when a higher level of analgesic/anti-inflammatory activity is required, for up to 6 months. This worker has chronic neck and upper extremity complaints since 2011, but there is no diagnosis of osteoarthritis. Therefore, this request is not medically necessary.

(1) Prescription of Pantoprazole 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Pantoprazole (Protonix) is in a group of drugs called proton pump inhibitors. It decreases the amount of acid produced in the stomach. It is used to treat erosive esophagitis (damage to the esophagus from stomach acid), and other conditions involving excess stomach acid such as Zollinger-Ellison syndrome. Per the Chronic Pain Medical Treatment Guidelines, it is recommended with the use of nonsteroidal anti-inflammatory drug against both gastrointestinal and cardiovascular risk factors per the indications below. Determine if the worker is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, gastrointestinal bleeding or perforation; (3) concurrent use of acetylsalicylic acid, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple nonsteroidal anti-inflammatory drug (e.g., nonsteroidal anti-inflammatory drug + low-dose acetylsalicylic acid). Recent studies tend to show that H. Pylori does not act synergistically with nonsteroidal anti-inflammatory drugs to develop gastroduodenal lesions. Workers with no risk factor and no cardiovascular disease: Non-selective nonsteroidal anti-inflammatory drug (e.g., ibuprofen, naproxen, etc.) Workers at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective nonsteroidal anti-inflammatory drug with either a proton pump inhibitors (proton pump inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term proton-pump inhibitors use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Workers at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a proton-pump inhibitor if absolutely necessary. Workers at high risk of gastrointestinal events with cardiovascular disease: If gastrointestinal risk is high the suggestion is for a low-dose Cox-2 plus low dose aspirin (for cardioprotection) and a proton-pump inhibitor. If cardiovascular risk is greater than gastrointestinal risk the suggestion is naproxen plus low-dose aspirin plus a proton pump inhibitor. There is no documentation that the worker has a history of ulcer, gastrointestinal bleeding or perforation, uses aspirin, corticosteroids or an anticoagulant, has cardiac disease or is on high dose non steroidal anti-inflammatory drugs. She is not older than 65. In addition, naproxen non-selective non steroidal anti-inflammatory drug is not certified. Therefore, the request is not medically necessary.

(1) Prescription of Cyclobenzprine 7.5mg #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 Muscle relaxants, for pain Page(s): 64.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action. The worker has had chronic and diffuse musculoskeletal complaints since 2011. Per the Chronic Pain Medical

Treatment Guidelines, cyclobenzaprine is not recommended to be used for longer than 2-3 weeks in the acute stage of injury. Therefore, the request is not medically necessary.