

Case Number:	CM14-0175898		
Date Assigned:	10/29/2014	Date of Injury:	05/05/2014
Decision Date:	12/15/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/23/2014

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:

Patient is a 28-year-old male who has submitted a claim for right shoulder sprain/strain, right rotator cuff tear, and gastritis associated with an industrial injury date of 5/5/2014. Medical records from 2014 were reviewed. The patient complained of right shoulder and right-sided neck pain associated with muscle spasm. Patient had a history of stomach upset with NSAID use. He reported symptom relief upon medication intake resulting in increased ability when performing activities of daily living. Physical examination showed tenderness and swelling of the right shoulder. Range of motion was likewise limited. Treatment to date has included physical therapy, and medications such as Nabumetone, Tramadol, Omeprazole, and Hydrocodone (since July 2014). Utilization review from 10/21/2014 modified the request for retrospective Cyclobenzaprine 7.5mg, twice a day #60 into #45 without refills because long-term use was not recommended; modified retrospective Hydrocodone 2.5/325mg, every 6 to 8 hours as needed #60 into #45 without refills because chronic opiate therapy in the absence of functional improvement was not recommended; modified retrospective Tramadol 37.5/325mg, every 6 to 8 hours as needed, #60 into #45 without refills and retrospective Tramadol ER 150mg, at bedtime, #30 into #20 without refills because chronic opiate therapy in the absence of functional improvement was not recommended; and denied retrospective Omeprazole 20mg, twice a day, #60 because of no documentation concerning gastrointestinal risk factors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine 7.5mg, twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Chronic Pain Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient had been on cyclobenzaprine since July 2014. He reported symptom relief and functional improvement from medication use. Although the most recent progress report still showed evidence of muscle spasm, long-term use of muscle relaxant was not recommended. There was no discussion concerning need for variance from the guidelines. Therefore, the request for retrospective cyclobenzaprine 7.5mg, twice a day #60 was not medically necessary.

Retrospective Hydrocodone 2.5/325mg, every 6 to 8 hours as needed #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75 & 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.26, Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient had been on hydrocodone since July 2014. He reported symptom relief upon medication intake resulting to increased ability when performing activities of daily living. Guideline criteria for continuing opioid management were met. Therefore, the request for retrospective hydrocodone 2.5/325mg, every 6 to 8 hours as needed #60 was medically necessary.

Retrospective Tramadol 37.5/325mg, every 6 to 8 hours as needed, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75 & 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.26, Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-

related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient had been on tramadol since July 2014. He reported symptom relief upon medication intake resulting to increased ability when performing activities of daily living. Guideline criteria for continuing opioid management were met. Therefore, the request for retrospective tramadol 37.5/325mg, every 6 to 8 hours as needed, #60 was medically necessary.

Retrospective Omeprazole 20mg, twice a day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient had a history of stomach upset with NSAID use prompting omeprazole prescription since July 2014. However, there was no documentation concerning symptom relief upon PPI use. The medical necessity for continuing treatment cannot be established due to insufficient information. Therefore, the request for retrospective omeprazole 20mg, twice a day, #60 was not medically necessary.

Retrospective Tramadol ER 150mg, at bedtime, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75 & 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.26, Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient had been on tramadol since July 2014. He reported symptom relief upon medication intake resulting to increased ability when performing activities of daily living. Guideline criteria for continuing opioid management were met. Therefore, the request for retrospective tramadol ER 150mg, at bedtime, #30 was medically necessary.