

Case Number:	CM14-0184220		
Date Assigned:	11/12/2014	Date of Injury:	07/01/2009
Decision Date:	12/22/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/05/2014

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 Physical Medicine, has a subspecialty in Pain Management 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 51-year-old female with date of injury of 07/01/2009. The treating physician's listed diagnoses from 10/21/2014 are: 1. Left shoulder impingement syndrome with post traumatic arthrosis of the acromioclavicular joint, rule out rotator cuff tear 2. Status post left elbow surgery times three with retained anchor and tight lateral elbow 3. Status post infection of the left elbow, fungus by history right shoulder sprain/strain secondary to overuse 4. Anxiety 5. Insomnia 6. Intermittent carpal tunnel syndrome on the right secondary to overuse by nerve conduction only 7. Cervical disc bulges at C3-4, C4-5, and C5-6 8. Status post left arthroscopic subacromial decompression and partial distal claviclectomy 9. Adhesive capsulitis of the left shoulder According to this report the patient is status post left shoulder surgery from 04/11/2014 and "has made improvement." Her physical therapy is finished. She still has moderate pain in her neck, bilateral shoulders, left elbow, and bilateral wrists. The patient has been taking tramadol, Naprosyn, Prilosec, Xanax, and topical creams. The examination shows positive bilateral Tinel's and Phalen's sign. The 07/29/2014 report shows that the patient is making a lot of progress in physical therapy. Her right carpal tunnel syndrome is flaring up from overuse and her neck is bothering her. The patient's left elbow continues to have mild pain and stiffness. The examination of the shoulder notes 1/4 pain on the right and 2/4 pain on the left. All wounds are healed. The 09/09/2014 report shows that the patient's physical therapy was not authorized by the insurance company. Because of the loss of physical therapy time, her range of motion is back to about 50%. The patient has moderate neck pain the left, moderate right shoulder pain from overuse and severe left shoulder pain. She has 0/4 pain on the right and 2/4 on the left shoulders. The patient is retired. The documents include UDS from 03/19/2014 to 10/21/2014, MRI of the left elbow, MRI of the left shoulder from 02/08/2010 to 01/31/2014, left shoulder arthroscopy operative report from 04/11/2014, AME and QME reports from 2011 to 2014 and progress

reports from 03/18/2014 to 10/21/2014. The utilization review denied the request from 10/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88-89.

Decision rationale: This patient presents with neck, bilateral shoulder, left elbow, and bilateral wrist pain. The patient is status post left shoulder arthroscopy from 04/11/2014. The provider is requesting Tramadol. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The record show that the patient was prescribed tramadol since 2012. The 06/10/2014 report shows that the patient is having moderate neck, moderate right wrist, mild right shoulder with severe left shoulder and moderate left elbow pain. She takes tramadol 150 mg twice a day for pain and Prilosec 20 mg twice a day to protect her stomach. The AME Report from 09/05/2014 notes that the patients pain level is 6/10 to the left shoulder and elbow. The patient has difficulty performing activities of daily living including laundry, showering, etc. The provider has provided a pain scale to denote the patient's current pain and has provided a random urine drug toxicology to verify compliance; however the results were inconsistent with her prescribed medications. None of the reports discussed the efficacy of this medication. No before and after pain scales were provided to show analgesia; no side effects were reported. The patient is currently permanent and stationary. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should be slowly weaned as outlined in the MTUS guidelines. Recommendation is for denial.

Xanax 1mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines (Anti-depressant) Page(s): 24, 66.

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

Decision rationale: This patient presents with neck, bilateral shoulder, left elbow, and bilateral wrist pain. The provider is requesting Xanax 1mg QTY: 60. MTUS guidelines page 24 on benzodiazepines states, "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." The records show that the patient was prescribed Xanax since 2012. Given that the MTUS guidelines do not recommend the long-term use of Xanax, recommendation is for denial.

Topical Cream of Ketoprofen/Gabapentin/Tramadol QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: This patient presents with neck, bilateral shoulder, left elbow, and bilateral wrist pain. The provider is requesting a topical cream Ketoprofen/Gabapentin/Tramadol. The MTUS guidelines, page 111, on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Given that Ketoprofen and Gabapentin are not recommended in topical formulation, recommendation is for denial.

Urine Toxicology Test QTY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing

Decision rationale: This patient presents with neck, bilateral shoulder, left elbow, and bilateral wrist pain. The provider is requesting urine toxicology test. The MTUS guidelines do not specifically address how frequent urine drug screens should be obtained for various-risk opiate users. However, ODG guidelines provide clear recommendations. The records show five urine toxicology reports from 04/22/2014 to 10/21/2014 that showed inconsistent results to prescribed medications. There is no discussion as to how the provider has addressed the inconsistent results. While ODG recommends 2 to 3 times a year for "moderate risk" patients, and as often as once per month for "high-risk" patients, the provider does not discuss the patient's risk assessment. Recommendation is for denial.

Prilosec 20mg QTY: 90: Upheld

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 NSAIDs, GI symptoms, and cardiovascular risks Page(s): 68 and 69.

Decision rationale: This patient presents with neck, bilateral shoulder, left elbow, and bilateral wrist pain. The provider is requesting Prilosec 20mg QTY: 90. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, " Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI."The records show that the patient has been prescribed Prilosec since 2012. The 10/21/2014 report notes, "The patient has been taking tramadol 150 mg twice a day for pain, Naprosyn 500 mg twice a day as an anti-inflammatory and Prilosec 20 mg twice a day to protect her stomach and Xanax 1 mg for sleep." While the patient is on anti-inflammatory medication, the provider does not provide any documentation regarding GI risk assessment. The patient is not older than 65, and no other risk factors are present. Furthermore, the patient does not present with any GI issues that would require use of this medication. Recommendation is for denial.