

Case Number:	CM14-0034887		
Date Assigned:	06/23/2014	Date of Injury:	11/14/2011
Decision Date:	07/24/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/20/2014

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 Orthopedic Surgery 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:

This 57-year-old male sustained an industrial injury on 11/14/11. The patient underwent right total shoulder arthroplasty on 8/16/13. The 1/14/14 treating physician report cited persistent neck and right shoulder pain. Symptoms in the bilateral hands/wrist, lumbar spine and feet were reported unchanged. Cervical spine exam documented paravertebral muscle spasms and positive axial compression loading. Right shoulder exam documented limited range of motion, weakness, and anterior tenderness. Bilateral hand/wrist exam documented positive Phalen's and Tinel's tests and stated that double crush syndrome had been established. There was lumbar paravertebral muscle tenderness, pain with terminal motion, and positive nerve tension sign. Bilateral foot exam was consistent with plantar fasciitis. The diagnoses were cervical discopathy, lumbar discopathy and segmental instability, status post right shoulder replacement, bilateral carpal tunnel syndrome, double crush syndrome, and bilateral plantar fasciitis. The treatment plan recommended follow-up with the operative surgeon, aggressive right shoulder range of motion exercise therapy, and continued medications for symptomatic relief. The 2/19/14 prescription submitted by the treating physician requested pharmacological agents for the symptomatic relief of persistent pain. There were no patient specific indications, current frequency of use, or functional benefit associated with use of these medications documented in this request. Records indicated that these medications have been prescribed since July 2013. The 3/3/14 orthopedic report cited patient disappointment that additional therapy was not approved as it was progressively helping him. Objective findings documented forward flexion to 140 degrees, abduction to 90 degrees, and external rotation to neutral with good internal rotation. Additional therapy was requested beyond the general post-surgical guidelines as the patient had plateaued on his own. The treatment plan recommended continued Ultram and Prilosec. The 3/6/14 utilization review denied the request for Naproxen based on lack of documented

functional benefit. Cyclobenzaprine was denied based on use beyond guideline recommendations. Omeprazole was denied based on no indication of increased risk factors for gastrointestinal side effects from non-steroidal anti-inflammatory drugs (NSAID) and recommended discontinuation of NSAIDs. Tramadol was denied as there were multiple prescribers, no documentation of actual frequency of use, and no information regarding benefit derived from use. Terocin patches were denied based on chronic use with no documentation of objective functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550 mg tablets #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), (Naproxen).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state non-steroidal anti-inflammatory drugs (NSAID), such as Naproxen are indicated for short term lowest dosage treatment of symptoms associated with osteoarthritis and chronic back pain and as a second line option for acute exacerbations of chronic back pain. Guidelines indicate that there is no evidence of long-term effectiveness for pain or function. NSAIDs are recommended at the lowest dose for the shortest period of time for patients with moderate to severe pain from osteoarthritis. NSAIDs are recommended for short-term symptomatic relief in patients with chronic back pain. Guideline criteria have not been met for continued use of this medication. There is no current pain assessment indicating the level of pain or what benefit has been achieved with the use of this medication. There is no current functional assessment or documentation of objective functional benefit with use of this medication. Naproxen has been prescribed since at least October 2013. The current dosage and use of this medication is not documented. Therefore, this request for Naproxen Sodium 550 mg tablets #120 is not medically necessary.

Cyclobenzaprine HCL 7.5 mg tablets #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic lower back pain. Cyclobenzaprine is not recommended to be used for longer than 2 to 3 weeks. Guideline criteria have not been met for continued use of this medication. Records indicate that this patient has been prescribed Cyclobenzaprine since at

least October 2013, beyond guideline recommendations. There is no current documentation suggestive of an acute exacerbation of pain or spasms. There is no documentation relative to frequency of use. Therefore, this request for Cyclobenzaprine HCL 7.5 mg tablets #120 is not medically necessary.

Omeprazole Delayed Release 20 mg capsules #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors (PPIs), such as Prilosec, for patients at risk for gastrointestinal events. Risk factors include age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). PPIs are reported highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Guideline criteria have not been met for continued use of this medication. There is no indication in the record that the patient meets guideline risk factors for gastrointestinal events or has a history of gastrointestinal complaints. The continued use of NSAIDs is not recommended. Therefore, this request for Omeprazole Delayed Release 20 mg capsules #120 is not medically necessary.

Tramadol HCL ER 150 mg #90: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that opioids, such as Tramadol, are recommended for moderate to moderately severe pain. Tramadol is not recommended as a first line oral analgesic. If used on a long-term basis, the criteria for use of opioids should be followed. In general, continued and long-term use of opioids is contingent upon a satisfactory response to treatment that may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guideline criteria have not been met for continued use of this medication. There is no current pain assessment indicating the level of pain or what benefit has been achieved with the use of this medication. There is no current functional assessment or documentation of objective functional benefit with use of this medication. Tramadol has been prescribed since at least October 2013. The current dosage and use of this medication is not documented. It appears that there may be multiple prescribers of this medication. Therefore, this request for Tramadol HCL ER 150 mg #90 is not medically necessary.

Terocin Patch Quantity: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Lidoderm® (lidocaine patch).

Decision rationale: The Chronic Pain Medical Treatment Guidelines guidelines do not provide specific recommendations for Terocin patches. Terocin patches include Lidocaine 600 mg and Menthol 600 mg. Lidocaine patches are recommended for localized peripheral pain after a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Regarding lidocaine patches, the Official Disability Guidelines state that improvements in pain and function should be reported, and decrease in the use of other medications. If improvement cannot be documented, lidocaine patches should be discontinued. Guideline criteria have not been met for continued use of this medication. There is no current pain assessment indicating the level of pain or what benefit has been achieved with the use of this medication. There is no current functional assessment or documentation of objective functional benefit with use of this medication. Terocin patches have been prescribed since at least October 2013. Therefore, this request for Terocin Patch, quantity 30, is not medically necessary.