

Case Number:	CM14-0047317		
Date Assigned:	07/02/2014	Date of Injury:	05/18/2010
Decision Date:	08/11/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/15/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 58-year-old woman who sustained a work related injury on March 18, 2010. She subsequently developed chronic neck, right shoulder and arm pain, and headaches. The patient has a history of rotator cuff injuries to the right shoulder, history of adhesive capsulitis, right carpal tunnel syndrome, and symptomatic disc disease. According to a follow-up note dated March 14, 2014, the patient states that her right hand feels numb and her neck is stiff. She notes that her headaches start from the back of her neck and radiate to the right side of her forehead. The duration of pain is constant but variable in intensity, more prominent at night. The patient notes no improvement with physical therapy but notes relief of pain for 2 days with use of TENS. Patient notes intermittent numbness/tingling in the middle and pointer fingers of the right hand. The patient has been assessed with displacement of cervical intervertebral disc without myelopathy, injury of tendon of the rotator cuff of shoulder, fibromyositis, and chronic pain syndrome. The patient was treated with cyclobenzaprine, didofenac sodium, omeprazole, and tramadol. The provider requested authorization for the medications under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg Tablet #30, 2 refills: 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 Tramadol
Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Although, Tramadol may be needed to help the patient with pain, there is no clear evidence of objective and recent functional and pain improvement from previous use of narcotics. Her pain score remained 7/10 despite the use of narcotic. There is no clear documentation of the efficacy/safety of previous use of tramadol. There is no recent evidence of objective monitoring of compliance of the patient with her medications. Therefore, the prescription of Tramadol 50mg #30 is not medically necessary.

Cyclobenzaprine 10mg tablet #30, 2 refills: 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 Flexeril
Page(s): 41.

Decision rationale: According to MTUS guidelines, Flexeril is recommended for pain for a short course. (Non sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patient with chronic back pain). Its effects are greatest in the first 4 days. In this case, Flexeril was prescribed for more than a short term use. Although the patient may have suffered a muscle spasm, long term use of Flexeril is not recommended as per MTUS guidelines. There is no recent documentation of muscle spasm. The proposed prescription of Cyclobenzaprine 10mg tablet #30, 2 refills is not medically necessary.

Omeprazole 20mg capsule delayed release #30, 2 refills: 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.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAIDs are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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. There is no documentation that the patient is taking NSAIDs or has GI issues that require the use of prilosec. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Omeprazole 20mg prescription is not medically necessary.