

Case Number:	CM14-0186339		
Date Assigned:	11/14/2014	Date of Injury:	07/20/2012
Decision Date:	01/02/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/10/2014

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:

The claimant was injured on 07/20/12. Tramadol ER, cyclobenzaprine, omeprazole, and Nalfon are under review. On 05/06/14, the claimant had a final orthopedic report. He had completed his PT and still had pain in his right shoulder. He had difficulty dressing himself and had not returned to work. Physical findings revealed tenderness with no spasm of the right side of the neck and the right shoulder. He had mildly limited range of motion and decreased sensation in the right long and ring fingers. Deep tendon reflexes were intact. Right shoulder examination revealed tenderness of the subdeltoid area. There was no atrophy. He had signs of impingement. He had tenderness to firm palpation of the right medial epicondyle and positive Tinel's at both elbows. Phalen's test was positive on the right side. He had decreased range of motion of the right shoulder compared to the left. He also had good range of motion of the elbows, forearms, and wrists and mild weakness of the deltoid and biceps and the shoulder external rotators on the right side. He was diagnosed with a rotator cuff tear, adhesive capsulitis, and impingement syndrome of the right shoulder. He was at MMI and received future medical. On 06/18/14, he had an initial orthopedic evaluation. He also reported anxiety and stress. He complained of neck, right shoulder, and right digit pain. His medications gave him an upset stomach. He had tenderness about the right shoulder with positive impingement signs. He was status post arthroscopic surgery. Diagnoses included cervical radiculopathy, right shoulder impingement, and right third and fourth digit sprains. MRI of the cervical spine and neurodiagnostic studies were ordered. An MRI arthrogram of the postop shoulder was also recommended. On 08/14/14, he still had neck pain and residual right shoulder pain after surgery. His meds were refilled. On 07/16/14, his medications were refilled and he was also given lidocaine patches. The medications are not listed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg 1 tab once a day as needed, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Tramadol; Weaning of Medications Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 145.

Decision rationale: The history and documentation do not objectively support the request for tramadol ER 150 mg 1 tab daily prn #90. The MTUS state "tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." The MTUS also state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. There is no documentation of trials and failure of or intolerance to other more commonly used first line drugs including acetaminophen and anti-inflammatory medications along with local modalities and exercise. The reported and expected benefits or indications for the use of this medication have not been stated. It is not clear under what conditions he is to take the medication daily. The medical necessity of tramadol ER 150 mg 1 tab daily prn #90 has not been clearly demonstrated.

Cyclobenzaprine HCL 1 tab by mouth every 8 hours #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 74.

Decision rationale: The history and documentation do not objectively support the request for cyclobenzaprine HCL 1 tab by mouth every 8 hours #120. The MTUS state cyclobenzaprine (Flexeril) is "recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. (Browning, 2001). Treatment should be brief." Additionally, MTUS state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The medical documentation provided does not establish the need for the use of cyclobenzaprine for a chronic condition, which MTUS guidelines advise against. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm that resolves with the use of this medication. In this case, the claimant's pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. There is no evidence that the claimant is involved in an ongoing home exercise program to help him maintain any benefits

he receives from treatment measures. As such, this request for cyclobenzaprine HCL 1 tab by mouth every 8 hours #120 is not medically necessary.

Omeprazole 20mg 1 tab by mouth every 12 hours as needed #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs); NSAIDs, GI Symptom.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 102.

Decision rationale: The history and documentation do not objectively support the request for omeprazole 20mg 1 tab by mouth every 12 hours as needed #120. The claimant has reported upset stomach with his medications but there is no information as to whether his medications have ever been changed as a result, as may be anticipated. There is little information about this complaint and no evidence of a significant gastrointestinal condition or symptoms that require this type of medication on an ongoing basis. The claimant's history of medication use is unclear and there is no description of significant symptomatic relief from the use of omeprazole. The MTUS support the use of PPIs for patients with significant elevated risk of a gastrointestinal event. However, in this case, this type of situation has not been described. The medical necessity of the use of omeprazole 20mg 1 tab by mouth every 12 hours as needed #120 has not been demonstrated.

Fenoprofen Calcium (Nalfon) 400mg 1 tab 3x/day #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , NSAIDs (Non-Steroidal Anti-Inflammatory Drugs); NSAIDs, GI Sympt.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs for Chronic Pain Page(s): 102.

Decision rationale: The history and documentation do not objectively support the request for fenoprofen calcium (Nalfon) 400mg 1 tab 3x/day #120. The MTUS state re: NSAIDs "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain -Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. Neuropathic

pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." In this case, the claimant has chronic pain due to shoulder impingement and cervical radiculopathy. However, there is no clear evidence of a chronic inflammatory condition that has significantly improved with the use of Nalfon or any other anti-inflammatory. Despite the use of medication, the claimant reports ongoing pain. There is no clear evidence of trials and failures of other first line drugs such as acetaminophen. The claimant's recommended pattern of use of this medication is unclear, including when he takes it, what pain relief he receives, how long it lasts, or the objective measurable or functional benefit he receives from it. The medical necessity of the use of fenoprofen calcium (Nalfon) 400mg 1 tab 3x/day #120 has not been demonstrated.