

Case Number:	CM14-0187668		
Date Assigned:	11/17/2014	Date of Injury:	03/13/1996
Decision Date:	01/06/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/11/2014

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 Internal 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 injured worker (IW) is a 57-year-old woman with a date of injury of March 13, 1996. The mechanism of injury occurred as a result of bending over and rocking children in their cribs. She developed back pain as a result. Pursuant to the most recent progress note dated August 27, 2014, the IW complains of continued total body pain, chronic fatigue, problems sleeping, and pain in the right knee. Objective findings revealed tenderness to the right knee, and small effusion in the left ankle. There is no new joint swelling. The neurological exam was normal. There are no rheumatoid arthritis deformities. The IW has been diagnosed with osteoarthritis, multiple sites; rheumatism; and post procedure states. The treatment plan includes the continuation of Diclofenac, Omeprazole, Tramadol, Flurbiprofen, Fluoxetine, Zanaflex, and Glucosamine. Documentation in the medical record dated July of 2014 indicated that the IW was taking the same medications. It is unclear as to when the IW started the aforementioned medications due to lack of documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #120: 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 Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg #120 is not medically necessary. Ongoing, chronic opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing copy use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker is a 57-year-old with a date of injury in 1996. The earliest progress note was dated July 11, 2014. The working diagnoses are osteoarthritis multiple sites, rheumatism, post procedural state and fibromyalgia (noted in a separate progress note). The medications prescribed on July 11, 2014 are tramadol, omeprazole, Tizanidine and diclofenac. The latest progress note is dated August 20, 2014. The same medications were renewed. It is unclear for what time duration of the injured worker was taking the aforementioned medications. There is no objective functional improvement documented in the medical record pursuant to taking these medications. Consequently, Tramadol 50 mg #120 is not medically necessary.

Omeprazole 20mg #120: 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 Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAID and GI Effects

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #120 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in patients taking nonsteroidal anti-inflammatory drugs when patients are at risk for certain gastrointestinal and cardiovascular events. These risks include, but are not limited to, age greater than 65 years; history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin, steroids are anticoagulants; and high-dose or multiple nonsteroidal anti-inflammatory drug use. In this case, the injured worker is a 57-year-old with a date of injury in 1996. There is no documentation in the medical record the injured worker suffers with any of the co-morbid conditions enumerated above. Specifically, there is no history of peptic ulcer disease, G.I. bleeding, concurrent use of aspirin or steroids, or high dose or multiple nonsteroidal anti-inflammatory drug use. The earliest progress note was dated July 11, 2014. The working diagnoses are osteoarthritis multiple sites, rheumatism, post procedural state and fibromyalgia (noted in a separate progress note). The medications prescribed on July 11, 2014 are tramadol, omeprazole, Tizanidine and diclofenac. The latest progress note is dated August 20, 2014. The same medications were renewed. It is unclear for what time duration of the injured worker was taking the aforementioned medications. There is no

objective functional improvement documented in the medical record pursuant to taking these medications. Consequently, Omeprazole 20 mg #120 is not medically necessary.

Tizanidine 2mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) (Chou, 2007).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the chronic pain medical treatment guidelines and the official disability guidelines, Tizanidine 2 mg #120 is not medically necessary. Muscle relaxants are recommended with caution as a second line option for short-term (less than two weeks) treatment of acute low back pain at the short-term treatment of acute exacerbations in patients with chronic low back pain. Sedation is the most common side effect. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker is a 57-year-old with a date of injury in 1996. The earliest progress note was dated July 11, 2014. The working diagnoses are osteoarthritis multiple sites, rheumatism, post procedural state and fibromyalgia (noted in a separate progress note). The medications prescribed on July 11, 2014 are tramadol, omeprazole, Tizanidine and diclofenac. The latest progress note is dated August 20, 2014. The same medications were renewed. It is unclear for what time duration of the injured worker was taking the aforementioned medications. There is no objective functional improvement documented in the medical record pursuant to taking these medications. Consequently, Tizanidine 2 mg #120 is not medically necessary.

Diclofenac 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs- Back Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAI

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Diclofenac 100 mg #120 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy in patients with mild to moderate pain, in particular, for those with gastrointestinal, cardiovascular or renal vascular risk factors. In this case, the injured worker is a 57-year-old with a date of injury in 1996. The earliest progress note was dated July 11, 2014. The working diagnoses are osteoarthritis multiple sites, rheumatism, post procedural state and fibromyalgia (noted in a separate progress note). The medications prescribed on July 11, 2014 are tramadol, omeprazole, Tizanidine and diclofenac. The latest progress note is dated August 20, 2014. The same

medications were renewed. It is unclear for what time duration of the injured worker was taking the aforementioned medications. There is no objective functional improvement documented in the medical record pursuant to taking these medications. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no compelling clinical documentation in the medical record to explain the protracted use of diclofenac. Consequently, Diclofenac 100 mg #120 is not medically necessary.