

Case Number:	CM14-0191886		
Date Assigned:	11/25/2014	Date of Injury:	08/02/2012
Decision Date:	01/26/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/17/2014

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 is a 52-year-old man with a date of injury of August 2, 2012. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are right shoulder internal derangement, status post right shoulder arthroscopy with subacromial decompression on January 2, 2013; possible cervical radiculopathy; and possible left shoulder internal derangement. Pursuant to the progress note dated October 27, 2014, the patient reports that pain is about the same and remains 6/10 without medications, and 3/10 with medications. He continues to have muscle spasms in the shoulders but notes that the spasms are improved with the use of the muscle relaxer. The patient has pain in the neck that radiates down his right upper extremity. He has numbness and tingling. His sleep is improved with medications. He returned to work with no restrictions, but was terminated. Objectively, the patient has normal reflexes, sensory and power testing to bilateral upper and lower extremities except weakness and numbness on the right C5 and C6. Gait was normal. Posterior cervical tenderness and spasms was noted. Cervical range of motion was decreased by 20%. The provider is recommending refills of the following medications: Pantoprazole 20mg, Cyclobenzaprine 7.5mg, Tramadol ER 150mg, and Naproxen Sodium 550mg. Documentation indicates the patient has been taking Tramadol ER, Pantoprazole 20mg, and Naproxen since June 23, 2014. The patient was taking Norflex, a muscle relaxer. A progress note dated September 17, 2014 did not document current medications. The progress note dated October 27, 2014 indicated the patient was taking Cyclobenzaprine. It is unclear as to when the Norflex was changed to Cyclobenzaprine due to lack of documentation. There were no detailed pain assessments or evidence of objective functional improvement associated with the use of Tramadol ER, Cyclobenzaprine, Pantoprazole, or Naproxen. The provider did not document a history of peptic ulcer disease, GI bleeding, or concurrent aspirin use. The current request is for retrospective Anaprox DS

(Naproxen Sodium) 550mg #90, Fexmid (Cyclobenzaprine) 7.5mg #60, Ultram (Tramadol) HCL ER 150mg #60, and Protonix (Pantoprazole) 20mg #60, dispensed October 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Anaprox - Ds (Naproxen Sodium) 550mg #90 (DOS: 10/27/14): Upheld

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

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

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Anaprox DS 550 mg #90 retrospective October 27, 2014 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. In this case, the injured workers working diagnoses are right shoulder internal derangement, status post right shoulder arthroscopy with subacromial decompression, January 2, 2013; possible cervical radiculopathy; and possible left shoulder internal derangement. The documentation indicates Anaprox was prescribed on June 23, 2014. The documentation was unclear as to whether this was a refill or first prescription. There was no subsequent documentation in the medical record indicating objective functional improvement. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period. Consequently, absent the appropriate clinical indication with clinical documentation of objective functional improvement, retrospective Anaprox DS 550 mg #90 dispensed October 27, 2014 is not medically necessary.

Retrospective: Fexmid Cyclobenzaprine 7.5mg #60 (DOS: 10/27/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Cyclobenzaprine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 65-66.

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) 7.5 mg #60 retrospective October 27, 2014 is not medically necessary. Muscle relaxants are a second line option for short-term (less than two weeks) treatment of acute low back pain as a short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the documentation indicates the injured worker was taking Norflex one to June 23, 2014 progress note. There was no subsequent documentation indicating objective functional improvement reviews of Norflex. On October 27th 2014 the documentation indicates Flexeril was prescribed. There was no documentation indicating Norflex was discontinued.

There was no subsequent documentation indicating objective functional improvement with Flexeril. Additionally, muscle relaxants (Norflex and Flexeril) are indicated for short-term (less than two weeks) treatment of acute low back pain and acute exacerbation in patients with chronic low back pain. The injured worker is being treated for right shoulder internal derangement; possible cervical radiculopathy and possible left shoulder internal derangement. There was no indication the injured worker was being treated for acute exacerbation of back pain. Consequently, absent the appropriate clinical indication for rationale for continued Flexeril use, usage of Flexeril in clear excess of the guidelines (less than two weeks), retrospective Cyclobenzaprine 7.5 mg #60 dispensed October 27, 2014 is not medically necessary.

Retrospective: Ultram Tramadol HCL ER 150mg #60 (DOS: 10/27/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opioids

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol ER 150 mg #60 retrospective October 27, 2014 is not medically necessary. Guidelines state that ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic narcotic usage. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. In this case, the injured worker's working diagnoses are right shoulder internal derangement, status post right shoulder arthroscopy with subacromial decompression, January 2, 2013; possible cervical radiculopathy; and possible left shoulder internal derangement. A June 23, 2014 progress note indicates tramadol ER was prescribed to the injured worker at that time. A refill was present October 27 at 2014. However, in the September 17, 2014 note there were no medications listed. Additionally, there was no documentation in the medical record indicating objective functional improvement in regards Tramadol ER use. Consequently, absent the appropriate clinical indication with documentation indicating objective functional improvement, retrospective Tramadol ER 150 mg #60 dispensed October 27, 2014 is not medically necessary.

Retrospective: Protonix Pantoprazole 20mg #60 (DOS: 10/27/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Protonix 20 mg #60 retrospective October 27, 2014 is not

medically necessary. Protonix is a proton pump inhibitor. Proton pump inhibitors are indicated in patients taking non-steroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding or perforation; history of concurrent use of aspirin or oral steroids; and multiple non-steroidal anti-inflammatory or high-dose anti-inflammatory drug use. In this case, the injured worker's working diagnoses are right shoulder internal derangement, status post right shoulder arthroscopy with subacromial decompression, January 2, 2013; possible cervical radiculopathy; and possible left shoulder internal derangement. The documentation does not contain evidence of risk factors enumerated above. Specifically, there is no history of peptic ulcer disease, G.I. bleeding, concurrent aspirin use, etc. Consequently, absent the appropriate clinical indications for supporting clinical rationale, retrospective Protonix 20 mg #60 dispensed October 27, 2014 is not medically necessary.