

<b>Case Number:</b>	CM14-0202236		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	10/14/2013
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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:

44 year old female nursing assistant injured her back and upper extremities while moving a patient at work on 14 Oct 2013. Additionally she has work-related overuse injury to her upper extremities from 7 Mar 2011 to 14 Oct 2013. She has been diagnosed with mid-back strain, low back strain, bilateral shoulder strain/sprain, right shoulder rotator cuff tear, bilateral medial and lateral epicondylitis, and right wrist tendonitis. Comorbid conditions include thyroid problems. She presently complains of constipation and stomach pains associated with medication use, joint pain in shoulders, elbows, right wrist and lower back, muscle spasms, sore muscles, decreased sensation in the lower legs and a gait abnormality. Her pain is 9/10 without medications and 7/10 with medications. She is able to perform her activities of daily living. Exam is significant for decreased sensation in L4-S1 dermatomes with normal deep tendon reflexes. A diagnostic ultrasound of the right shoulder (8 Oct 2014) suggests a small partial thickness rotator cuff tear. Treatment has included physical therapy, chiropractic care, acupuncture, home exercise, elbow brace and medication (Ultram, Colace, Celebrex, Miralax, Nexium, Citrucel, Norco). Patient presently is on modified work status and on these medications: Ultram, Colace, Celebrex and Nexium. The record of her most recent exam on 28 Oct 2014 is incomplete in that it is missing the first page. The lack of this information is the basis for the non-certification of the medications and procedures requested by the treating provider.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-4, 309. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Radiology, Appropriateness Criteria for the Imaging of Lower Back Pain, Revised 2011.

**Decision rationale:** MRI scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. MRIs of the lower back are indicated in acute injuries with associated "red flags", that is, signs and symptoms suggesting acutely compromised nerve tissue. In chronic situations the indications rely more on a history of failure to improve with conservative therapies, the need for clarification of anatomy before surgery, or to identify potentially serious problems such as tumors or nerve root compromise. When the history is non-specific for nerve compromise but conservative treatment has not been effective in improving the patient's symptoms, electromyography (EMG) and nerve conduction velocity (NCV) studies are recommended before having a MRI done. This patient does meet the criteria of prolonged or persistent symptoms despite conservative care but the symptoms are non-specific, there are no "red flags" and an EMG/NCV study has not been done. At this point in the care of this individual a MRI of the lower back is not indicated.

**Colace 1-2 by mouth 2 times a day #100:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 1) American Gastroenterological Association Medical Position Statement on Constipation, Gastroenterology, Volume 144, Issue 1, Pages 211-217, January 2013 2) University of Iowa College of Nursing Guideline: Management of Constipation, 1996 (revised 2009 Oct). Bibliographic Source(s): McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Institute

**Decision rationale:** Colace (docusate) is an anionic surfactant, that is, it is a substance that lowers the surface tension of water. It is a common over-the-counter medication classified as a stool softener and approved to treat constipation in adults. The common causes of chronic constipation in this patient's age group are inadequate fiber in diet, inadequate fluid intake, inadequate exercise and/or side effects from medications (such as opioids). Medical treatment would normally begin with fiber supplementation and/or osmotic or stimulant laxatives. The treatment for opioid-induced constipation is a stool softener plus a stimulant laxative. For this patient there is documentation of constipation and the patient is taking an opioid medication. At this point in the care of this individual use of Colace is indicated.

**Prilosec 1 by mouth every day #30:** Overturned

**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 Page(s): 68.

**Decision rationale:** Prilosec (omeprazole) is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger-Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer term use of non-steroidal anti-inflammatory drugs (NSAIDs). Even though dyspepsia is also a known side effect of opioid medications the MTUS does not address its use to prevent or treat dyspepsia caused by long term use of opioids. Since this patient is on chronic NSAID and chronic opioid therapy it is reasonable to assume her dyspepsia may be caused by her medications. It follows that use of omeprazole in this patient is appropriate.

**Celebrex 1 by mouth 2 times a day #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 67-9.

**Decision rationale:** Celebrex (celecoxib) is a non-steroidal anti-inflammatory medication (NSAID) that is selective for the COX-2 receptors. It, therefore, has a lower frequency of causing gastrointestinal complications such as dyspepsia and bleeding than non-selective NSAIDs. NSAIDs as a group are recommended for treatment of osteoarthritis and for short-term use in treating symptomatic pain from joint or muscle injury and chronic low back. MTUS guidelines notes that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and perhaps even cause hypertension. This patient has had stable chronic pain for over 12 weeks and thus can be considered past the point where NSAIDs should be of value in treatment unless used short-term for exacerbation of the patient's chronic injuries. As the records do not show instructions to the patient for use of this medication only for exacerbations it is not indicated for use at this time.

**Ultram 1 by mouth every 6 hours as needed #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines Page(s): 60, 74-96, 113.

**Decision rationale:** Ultram (tramadol) an opioid pain medication used to treat moderate to moderately severe pain with usual dosing every 6-8 hours. It acts by binding to the -opioid receptor but it also inhibits the reuptake of serotonin and norepinephrine. Because of this second activity it must be used cautiously in patients taking serotonin reuptake inhibitor medications as the combined medications may precipitate a life-threatening serotonin syndrome event. Studies have shown the effectiveness of this medication to control pain for up to three months but there are no long-term studies available showing effectiveness of chronic use. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have criteria for chronic use of opioids. The present provider has not documented meeting this criterion in that the appropriate monitoring of this patient is not documented even though he does note the improvement in pain control with medication. Thus, chronic use of opioids in this instance is not indicated at this time.

**Surgical consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196-203, 207-9, 214. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Radiology, Appropriateness Criteria for Imaging Acute Shoulder Pain, Revised 2010.

**Decision rationale:** The provider has requested surgical consultation for the treatment of a partial thickness rotator cuff tear of the right shoulder. This is based on a diagnosis made by ultrasound of the shoulder. According to the guidelines presented by the American College of Radiology appropriate studies to evaluate for a suspected injury to the rotator cuff would be either a MRI or ultrasound of the shoulder. Treatment of a partial tear of the rotator cuff includes conservative treatment with physical therapy, medications (short course of non-steroidal anti-inflammatory drugs), stretching and rest, but failing that, then surgical repair. This patient has undergone conservative treatment without resolution of her pain. Surgical consultation is appropriate at this point in the care of this patient.