

Case Number:	CM14-0204089		
Date Assigned:	01/28/2015	Date of Injury:	07/17/2009
Decision Date:	02/28/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 39-year-old woman with a date of injury of July 17, 2009. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are cervical radiculopathy; shoulder tendinitis/bursitis, right; elbow tendinitis/bursitis, right; wrist tendinitis/bursitis, bilateral. Pursuant to the progress note dated November 7, 2014 the IW complains of cervical pain and shoulder pain. Objective physical findings reveal loss of range of motion. No other physical findings were documented. A review of systems was not documented. There were no subjective complaints of GI symptoms. Current medications include Norflex 100mg, Tramadol ER 150mg, and Prilosec 20mg. The IW has been taking Norflex and Tramadol since May 30, 2014, according to a progress note with the same date. There were no detailed pain assessments, or risk assessments in the medical record. There was no evidence of objective functional improvement associated with the ongoing use of Tramadol and Norflex. According to a progress note dated September 22, 2014, the IW was started on Prilosec 20mg. The indication is for stomach protection and gastritis, however, there is no documentation in the medical record the IW has a history of gastritis. The current request is for Norflex 100mg #90 with 5 refills, Prilosec 20mg #60 with 5 refills, and Ultram ER 150mg #60 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Norflex 100mg #90 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norflex 100 mg #90 with five refills is not medically necessary. Muscle relaxants are a second line option for short-term (less than two weeks) treatment of acute low back pain and 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 injured worker's working diagnoses are cervical radiculopathy; shoulder tendinitis/bursitis, right; elbow tendinitis/bursitis, right; wrist tendinitis/bursitis, bilateral. The documentation indicates the injured worker was taking nor flex as far back as May 30, 2014. It is unclear whether this is a new prescription or a refill. The documentation does not contain evidence of objective functional improvement. Additionally, muscle relaxants are indicated for short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation in chronic low back pain. Diagnoses do not reflect back pain of acute etiology. The treating physician has exceeded the recommended guidelines of short-term (less than two weeks) treatment duration. Consequently, absent clinical documentation to support the continued Norflex use in excess of the recommended guidelines, Norflex 100 mg #90 with five refills is not medically necessary.

One (1) prescription of Prilosec 20mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI and GI Effects, Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation NSAI and GI Effects

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20 mg # 60 with five refills is not medically necessary. Prilosec is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risks include, age greater than 65; history peptic ulcer disease, G.I. bleeding; concurrent use of aspirin or steroids; or high-dose/multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are cervical radiculopathy; shoulder tendinitis/bursitis, right; elbow tendinitis/bursitis, right; wrist tendinitis/bursitis, bilateral. The documentation does not contain evidence of comorbid conditions or the past medical history compatible with the risk factors enumerated above. Specifically, there is no history of peptic ulcer, G.I. bleeding, concurrent aspirin use etc. Consequently, absent clinical documentation with specific risk factors for G.I. events, Prilosec 20 mg #60 with five refills is not medically necessary.

One (1) prescription of Ultram ER 150mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram ER 150 mg #60 with five refills is not medically necessary. 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 ongoing opiate 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 dose should be prescribed to improve pain and function. The patient should set goals and the continued use of opiates should be contingent on meeting those goals. In this case, the injured worker's working diagnoses are cervical radiculopathy; shoulder tendinitis/bursitis, right; elbow tendinitis/bursitis, right; wrist tendinitis/bursitis, bilateral. The documentation in the medical record indicates tramadol was first prescribed (or more likely refilled) on May 30 of 2014. There were no detailed pain assessments in the medical record. There was no evidence of objective functional improvement associated with the ongoing use of tramadol (ultram). Consequently, absent clinical documentation to support the ongoing use of tramadol without evidence of objective functional improvement associated with its use, Ultram ER 150 mg #60 with five refills is not medically necessary.