

Case Number:	CM14-0206404		
Date Assigned:	12/18/2014	Date of Injury:	07/24/2012
Decision Date:	02/10/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/09/2014

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 35-year-old man with a date of injury of July 24, 2012. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are cervical spine, thoracic spine and lumbar spine musculoligamentous sprain strain with bilateral lower extremity radiculitis, muscle contraction headaches, cervical spine degenerative disc disease; status post left shoulder subacromial decompression, distal clavicle resection and debridement; right shoulder sprain/strain; left elbow contusion/lateral epicondylitis; right foot contusion/plantar fasciitis; history right posterior lower rib fractures; depression and insomnia deferred. Pursuant to the progress note on October 27, 2014, the IW has complaints of left shoulder pain, and left shoulder loss of motion. The pain is described as moderate, frequent, sharp with numbness. Objectively, tenderness to palpation is noted over the subacromial region, supraspinatus tendon, and AC joint. Cross arm test is positive. Impingement test is positive. Range of motion is restricted. Examination of the cervical spine reveals spasms over the posterior paravertebral muscles. Spurling's maneuver is positive in the bilateral upper extremities. Sensation to pinprick and light touch over the C6 nerve root distribution is decreased. Examination of the lumbar spine reveals positive straight leg raise test with radicular pain radiating down both knees. Sensation to pinprick and light touch over the S1 nerve root is decreased. Ultram 50mg, and Fexmid 7.5mg were prescribed. The documentation reflects the IW was taking Norco prior to Ultram. Norco was documented in a progress note dated April 14, 2014. This was a refill. The length of time for Norco use is unclear based on the documentation. There was no significant overall benefit documented with prior Norco use. Norco was discontinued and Ultram was prescribed along with Fexmid on October 27, 2014. The current request is for Ultram 50 mg #120, Fexmid 7.5mg #60, and Prilosec 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: 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 Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Prilosec.

Decision rationale: Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20 mg # 30 is not medically necessary. Prilosec is a proton pump inhibitor. Proton 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, greater than 65; history of peptic ulcer, G.I. bleeding; concurrent aspirin or corticosteroids; high-dose multiple non-steroidal anti-inflammatory use. In this case, the injured worker's working diagnoses are cervical spine, thoracic spine and lumbar spine musculoligamentous sprain strain with bilateral lower extremity radiculitis, muscle contraction headaches, cervical spine degenerative disc disease; status post left shoulder subacromial decompression, distal clavicle resection and debridement; right shoulder sprain/strain; left elbow contusion/lateral epicondylitis; right foot contusion/plantar fasciitis; history right posterior low-rib fractures; depression and insomnia deferred. The documentation did not contain comorbid conditions or risk factors compatible with peptic ulcer, G.I. bleeding, concurrent aspirin use, etc. Consequently, absent risk factors for G.I. bleeding and documentation to support the ongoing use of Prilosec, Prilosec 20 mg #30 is not medically necessary.

Ultram 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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, Ultram 50 mg #120 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 chronic 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 possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are cervical spine, thoracic spine and lumbar spine musculoligamentous sprain strain with bilateral lower extremity radiculitis, muscle contraction headaches, cervical spine degenerative disc

disease; status post left shoulder subacromial decompression, distal clavicle resection and debridement; right shoulder sprain/strain; left elbow contusion/lateral epicondylitis; right foot contusion/plantar fasciitis; history right posterior low-rib fractures; depression and insomnia deferred. The documentation reflects the injured worker was taking Norco prior to Ultram. Norco was documented in a progress note dated April 14, 2014. This was a refill. The length of time for Norco use is unclear based on the documentation. There was no significant overall benefit documented with prior long term Norco use. Norco was discontinued and Ultram was prescribed. However, a trial of Ultram is not necessary because injured worker did not derive significant benefit from Norco. Additionally, the injured worker suffers with depression. Depression may be associated with chronic medications/opiate use. Consequently, absent clinical documentation evidencing objective functional improvement with long-term opiates (Norco) Ultram 50 mg #120 is not medically necessary.

Fexmid 7.5mg #60: Upheld

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

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, Fexmid 7.5 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treat the acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appeared to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are cervical spine, thoracic spine and lumbar spine musculoligamentous sprain strain with bilateral lower extremity radiculitis, muscle contraction headaches, cervical spine degenerative disc disease; status post left shoulder subacromial decompression, distal clavicle resection and debridement; right shoulder sprain/strain; left elbow contusion/lateral epicondylitis; right foot contusion/plantar fasciitis; history right posterior low-rib fractures; depression and insomnia deferred. Fexmid was prescribed on October 27, 2014. Fexmid (cyclobenzaprine), a muscle relaxant, is indicated for short-term, less than two weeks. There was no documentation indicating a short-term Fexmid plan not to exceed two weeks. Additionally, the authorization was for Fexmid 7.5mg #60. The quantity #60 reflects a one-month supply. This request is in excess of the recommended guidelines of less than two weeks. Consequently, absent adherence to the guideline recommendations of short-term (less than two weeks) treatment, Fexmid 7.5mg #60 is not medically necessary.