MAXIMUS Federal Services

| Case Number: | CM15-0100235 | | |
|---|---|---|---|
| Date Assigned: | 06/02/2015 | Date of Injury: | 04/23/2013 |
| Decision Date: | 07/10/2015 | UR Denial Date: | 05/12/2015 |
| Priority: | Standard | Application Received: | 05/26/2015 |

## 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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

## 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 was a 41 year old female, who sustained an industrial injury, April 23, 2013. The injuries were sustained from accumulative trauma caused by repetitive motion. The injured worker previously received the following treatments 6-8 physical therapy treatments, 20 sessions of chiropractic services, injections to the lower back and left shoulder, psychotherapy, left shoulder x-rays, cervical neck MRI, Back MRI and Left shoulder MRI, electrical stimulator, massage, splint/bracing, Ibuprofen, Tramadol, Flexeril, Terocin, Diclofenac, Prilosec and cervical spine x-rays, pelvis x-rays. The injured worker was diagnosed with cervical strain/ sprain and myofascial pain. Cervical degenerative disc disease, cervical brachial myofascial pain syndrome, left shoulder strain with development of impingement syndrome and rotator cuff tendinitis, left wrist strain/sprain, left carpal tunnel syndrome, lumbar strain/sprain and myofascial pain, lumbar degenerative disc disease and left lumbosacral radiculopathy, left sacroiliac joint dysfunction associated with pelvic obliquity and chronic pain syndrome. According to progress note of April 23, 2015, the injured workers chief complaint was neck, back bilateral shoulder, left arm and left leg pain. The pain was described as achy, burning, shooting, throbbing, radiating, squeezing, numbing and deep. The severity of the pain was 6-9 out of 10. The pain was better with rest, patches, icing and medication. The pain was made worse by activity and house hold chores. The review of symptoms noted depression, anxiety and stress. The physical exam in the injured worker walked with a limp and decreased stance phase on the left with pain complaints in the back and left hip and leg. The injured worker has pain with rising up on the left heel. There was diffuse tenderness and decreased range of motion by 50% and painful without evidence of deficit in strength or stability. The bilateral upper

extremities noted tenderness of the subacromial, trapezius, acromioclavicular, biceps tendon and scapular. There was painful range of motion. The impingement testing of the shoulders caused pain complaints with the Neer's sign and Hawkin's position. There was also pain with strength testing. The treatment plan included a monthly supply of Pamelor, Relafen, Prilosec and Tramadol.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 month supply of Pamelor 10mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

**Decision rationale:** This patient presents with neck, back bilateral shoulder, left arm and left leg pain. The current request is for a 1 month supply of Pamelor 10mg. The Request for Authorization is not provided in the medical file. The patient is working modified duty. MTUS Guidelines, page 13-15, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment." Current medications include Ibuprofen, Tramadol, Flexeril, Terocin patches, Diclofenac and Prilosec. The patient reports sleep issues and the treater has recommended a trial of Pamelor 10mg at bedtime. MTUS support this mediation as a first line treatment. Given the patient's pain symptoms, depression and sleep disturbances, this request IS medically necessary.

**1 month supply of Relafen 500mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications for chronic pain Page(s): 22, 60.

**Decision rationale:** This patient presents with neck, back bilateral shoulder, left arm and left leg pain. The current request is for a 1 month supply of Relafen 500mg. The Request for Authorization is not provided in the medical file. The patient is working modified duty. MTUS Anti-inflammatory medications page 22 state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use

may not be warranted." MTUS also states comprehensive clinical trials supports NSAIDS in lower back pain. Current medications include Ibuprofen, Tramadol, Flexeril, Terocin patches, Diclofenac and Prilosec. The patient report GI issues and the treater recommended discontinuing Diclofenac and prescribed a trial of Relafen. Relafen is considered a first line treatment to reduce pain and a trial at this junction is reasonable. This request IS medically necessary.

**1 month supply of Prilosec:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk Page(s): 69.

**Decision rationale:** This patient presents with neck, back bilateral shoulder, left arm and left leg pain. The current request is for a 1 month supply of 1 month supply of Prilosec. The Request for Authorization is not provided in the medical file. The patient is working modified duty. MTUS pg. 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." This patient has been utilizing anti-flammatories on a long term basis and reports GI upset. MTUS allows this medication for prophylactic use along with oral NSAIDs when appropriate GI risk is present. Given the patient's stomach issues, the request IS medically necessary.

**1 month supply of Tramadol:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** This patient presents with neck, back bilateral shoulder, left arm and left leg pain. The current request is for a 1 month supply of 1 month supply of Tramadol. The Request for Authorization is not provided in the medical file. The patient is working modified duty. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The medication Tramadol was initiated on 08/08/14 for the patient continued complaints of pain. According to progress report 04/27/15, the patient's pain is made better with medications. The

patient is able to continue working with the use of medications. Side effect with taking tramadol included "unable to sleep." Pain before taking medications is 9/10 and after taking medications a 2/10. Duration of pain relief is about 6 hours. Medication agreement is on file and random UDS are performed. In this case, the treating physician has provided adequate documentation including the 4A's as requirement by MTUS for opiate management. The request IS medically necessary.