

Case Number:	CM15-0101578		
Date Assigned:	06/04/2015	Date of Injury:	05/19/2008
Decision Date:	07/10/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/27/2015

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 (IW) is a 60-year-old female who sustained an industrial injury on 05/19/2008. Diagnoses include right shoulder sprain, right carpal tunnel syndrome. Treatment to date has included medications, physical therapy, right shoulder surgery (x 2) and right carpal tunnel release. According to the progress report dated 5/5/15 the IW reported numbness in the right wrist; medications were helping. She began having left wrist pain, she believes, from compensating for the right. She also complained of right shoulder pain radiating to the right arm, especially from the elbow to the hand, which was getting worse. She used Butrans patches for the pain, which reduced the pain from 8/10 to 4/10. On examination, there was tenderness and spasms in the cervical and trapezius muscles, bilaterally. Right upper extremity strength was 4/5. There was also tenderness at the right lateral and medial epicondyles and the bilateral shoulders with trigger points present. The left radial wrist was tender and swollen. She had numbness over the right radial wrist to the thumb. Sensation was decreased over the right thumb, index and middle fingers. Tinel's and Phalen's signs were positive at the right wrist and the right elbow. A request was made for Prilosec DR 20mg, #60 for stomach protection due to medications, Flexeril 10mg, #60 for spasms, Ultracet 37.5mg #60 for pain, and Naproxen 550mg, #60 for pain and inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec DR 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

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

Decision rationale: The patient presents with pain in the left wrist, low back radiating to lower extremity rated 6-7/10, right shoulder pain radiating to lower extremity. The request is for PRILOSEC DR 20MG #60. The request for authorization is dated 05/07/15. Physical examination reveals bilateral tenderness and spasms of the cervical and trapezius muscles. Tender at right medial and lateral epicondylitis; tender with tps rt and left shoulders. Tender and swollen at the left radial wrist. Decreased sensory right thumb, index and middle fingers. Positive Tinel, Phalen right wrist and right elbow medial aspect. Patient reports increased pain in the radial distribution of the right hand/forearm. Using the Butrans patch with good effect as it reduces the pain from 8/10 to 4/10 allowing her to participate in ADL. Patient's medications include Naproxen, Prilosec, Flexeril, Ultracet, Cymbalta and Neurontin. Per progress report dated 05/05/15, the patient is on work restriction. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater does not specifically discuss this medication. Patient has been prescribed Prilosec since at least 02/17/15. However, treater has not documented GI assessment to warrant a prophylactic use of a PPI. Furthermore, treater has not indicated how the patient is doing, what gastric complaints there are, and why he needs to continue. Therefore, given lack of documentation as required by guidelines, the request IS NOT medically necessary.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient presents with pain in the left wrist, low back radiating to lower extremity rated 6-7/10, right shoulder pain radiating to lower extremity. The request is for FLEXERIL 10MG #60. The request for authorization is dated 05/07/15. Physical examination reveals bilateral tenderness and spasms of the cervical and trapezius muscles. Tender at right medial and lateral epicondylitis; tender with tps rt and left shoulders. Tender and swollen at the left radial wrist. Decreased sensory right thumb, index and middle fingers. Positive Tinel, Phalen right wrist and right elbow medial aspect. Patient reports increased pain in the radial

distribution of the right hand/forearm. Using the Butrans patch with good effect as it reduces the pain from 8/10 to 4/10 allowing her to participate in ADL. Patient's medications include Naproxen, Prilosec, Flexeril, Ultracet, Cymbalta and Neurontin. Per progress report dated 05/05/15, the patient is on work restriction. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Treater does not specifically discuss this medication. The patient has been prescribed Flexeril since at least 02/17/15. However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for additional Flexeril #60 would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.

Ultracet 37.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 76-78, 88-89, 113.

Decision rationale: The patient presents with pain in the left wrist, low back radiating to lower extremity rated 6-7/10, right shoulder pain radiating to lower extremity. The request is for ULTRACET 37.5MG #60. The request for authorization is dated 05/07/15. Physical examination reveals bilateral tenderness and spasms of the cervical and trapezius muscles. Tender at right medial and lateral epicondylitis; tender with tps rt and left shoulders. Tender and swollen at the left radial wrist. Decreased sensory right thumb, index and middle fingers. Positive Tinel, Phalen right wrist and right elbow medial aspect. Patient reports increased pain in the radial distribution of the right hand/forearm. Using the Butrans patch with good effect as it reduces the pain from 8/10 to 4/10 allowing her to participate in ADL. Patient's medications include Naproxen, Prilosec, Flexeril, Ultracet, Cymbalta and Neurontin. Per progress report dated 05/05/15, the patient is on work restriction. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "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. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Treater does not specifically discuss this medication. Patient has been prescribed Ultracet since at least 02/17/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Ultracet significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Ultracet. No validated instrument is used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. A UDS was performed on 02/17/15, but no CURES or opioid contract is provided. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

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

Decision rationale: The patient presents with pain in the left wrist, low back radiating to lower extremity rated 6-7/10, right shoulder pain radiating to lower extremity. The request is for NAPROXEN 550MG #60. The request for authorization is dated 05/07/15. Physical examination reveals bilateral tenderness and spasms of the cervical and trapezius muscles. Tender at right medial and lateral epicondylitis; tender with tps rt and left shoulders. Tender and swollen at the left radial wrist. Decreased sensory right thumb, index and middle fingers. Positive Tinel, Phalen right wrist and right elbow medial aspect. Patient reports increased pain in the radial distribution of the right hand/forearm. Using the Butrans patch with good effect as it reduces the pain from 8/10 to 4/10 allowing her to participate in ADL. Patient's medications include Naproxen, Prilosec, Flexeril, Ultracet, Cymbalta and Neurontin. Per progress report dated 05/05/15, the patient is on work restriction. MTUS Guidelines on anti-inflammatory page 22 states, "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." Treater does not specifically discuss this medication. The patient has been taking Naproxen since at least 03/03/15, however, review of the reports show no discussions on functional improvement and the effect of pain relief as required by the guidelines. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. There is lack of documentation regarding what Naproxen has specifically done for the patient's pain and function and why it is prescribed, as required by MTUS guidelines. Therefore, the request IS NOT medically necessary.