MAXIMUS Federal Services

Case Number:	CM15-0102271		
Date Assigned:	06/04/2015	Date of Injury:	09/14/2012
Decision Date:	07/09/2015	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 is a 76-year-old female who sustained an industrial injury on 09/14/2012. Current diagnoses include status post closed reduction dislocation, left shoulder, impingement syndrome, left hand tendinitis, carpal tunnel syndrome, contracture of left second and fifth finger, left hand, cervical disc herniation with radiculitis, left elbow cubital tunnel syndrome, and lumbar disc herniation with radiculitis. Previous treatments included medications, and physiotherapy. Previous diagnostic studies include urine drug screenings, EMG/NCS, MRI of the lumbar spine, left shoulder, cervical spine, and left wrist. Initial injuries sustained included the pain in the lumbar region with intense numbness, and tightness and discomfort in the neck, left shoulder and arm. Report dated 02/23/2015 noted that the injured worker presented with complaints that included neck pain with radiation, left elbow, wrist, and hand pain with numbness and tingling. Pain level was 7-8 out of 10 on a visual analog scale (VAS). Physical examination was positive for decreased range of motion in the cervical spine, spasm of the paraspinal musculature, positive foraminal compression test and Spurling test, decreased sensation bilaterally, decreased shoulder range of motion, positive impingement test and subacromial grinding and clicking, positive drop-arm test on the left, decreased elbow range of motion, positive Tinel's sign over the cubital tunnel region, decreased range of motion in the wrist and hand with positive Tinel's sign and Phalen's test over the carpal tunnel region, decreased range of motion in the lumbar spine, spasm present in the paraspinal musculature, and weakness in the big toe. Disputed treatments include tramadol HCL, Naproxen, cyclobenzaprine, and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg #120 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 76-78, 88-89, 60.

Decision rationale: The patient presents with pain in the lower back, neck, left shoulder, left elbow and left wrist and hand. The request is for TRAMADOL HCl 500 MG #120 WITH 3 REFILLS. Physical examination to the cervical spine on 02/23/15 revealed spasm and tenderness to palpation to the paravertebral musculature with decrased sensation at C4-C5 and C5-C6. There was a positive foraminal compression test and positive Spurling test. Examination to the left shoulder revealed a positive impingement test, aubacromial grinding and clicking, and a positive drop-arm test. Patient's diagnosis, per 01/12/15 progress report include status post closed reduction of dislocated left shoulder, rule out tendonitis, impingement, cuff tear, internal derangement, left hand strain/sprain carpal tunnel syndrome, positive NCV, contracture of the the left hand DIP 2nd to 5th finger, strain/sprain of the cervical spine with positive MRI with herniated cervical disc with radiculitis/radiculopathy, strain/sprain of the left elbow with positive NCV for cubital tunnel syndrome, strain/sprain of the lumbar spina with positive MRI for herniated lumbar disc with radiculitis/radiculopathy, stasis edema of the left wrist and forearm, rule out reflex sympathetic dystrophy, left upper extremity, status post right total knee arthroplasty in 2005, and status post left knee hemiarthroplasty in 2006. Patient's medications, per 01/12/15 progress report include Norco, Ibuprofen, Tiazidine, and Gabapentin. Patient is temporarily totally disabled. 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 pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." Treater does not discuss this request. In review of the medical records provided, there was no indication of a prior use of this medication. In this case, the treater has not documented baseline pain and functional assessment, including daily activities. If treater's intent were to initiate this opiate for chronic pain, it would be allowed by MTUS based on records with regards to current medication use, aim of use, potential benefits and side effects, which have not been discussed. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

Naproxen SOD 550mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The patient presents with pain in the lower back, neck, left shoulder, left elbow and left wrist and hand. The request is for NAPROXEN SOD 550 MG #60 WITH 2 REFILLS. Physical examination to the cervical spine on 02/23/15 revealed spasm and tenderness to palpation to the paravertebral musculature with decreased sensation at C4-C5 and C5-C6. There was a positive foraminal compression test and positive Spurling test. Examination to the left shoulder revealed a positive impingement test, aubacromial grinding and clicking, and a positive drop-arm test. Patient's diagnosis, per 01/12/15 progress report include status post closed reduction of dislocated left shoulder, rule out tendonitis, impingement, cuff tear, internal derangement, left hand strain/sprain carpal tunnel syndrome, positive NCV, contracture of the the left hand DIP 2nd to 5th finger, strain/sprain of the cervical spine with positive MRI with herniated cervical disc with radiculitis/radiculopathy, strain/sprain of the left elbow with positive NCV for cubital tunnel syndrome, strain/sprain of the lumbar spina with positive MRI for herniated lumbar disc with radiculitis/radiculopathy, stasis edema of the left wrist and forearm, rule out reflex sympathetic dystrophy, left upper extremity, status post right total knee arthroplasty in 2005, abd status post left knee hemiarthroplasty in 2006. Patient's medications, per 01/12/15 progress report include Norco, Ibuprofen, Tiazidine, and Gabapentin. Patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatory 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not discuss this request. The patient suffers from pain in the, lower back, neck, left shoulder, left elbow and left wrist and hand. It appears that the treater is initiating Naproxen as there are no records indicating prior use. However, patient received prescriptions for NSAIDs [Ibuprofen and Motrin] on 01/12/15, 12/15/14 and 09/22/14 but there are no discussions regarding the effectiveness of NSAIDs in terms of pain and function. MTUS page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Given the lack of documentation, as required by the guidelines, the request IS NOT medically necessary.

Cyclobenzaprine 7.5mg #90 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The patient presents with pain in the lower back, neck, left shoulder, left elbow and left wrist and hand. The request is for CYCLOBENZAPRINE 7.5 MG #90 WITH 2 REFILLS. Physical examination to the cervical spine on 02/23/15 revealed spasm and tenderness to palpation to the paravertebral musculature with decreased sensation at C4-C5 and C5-C6. There was a positive foraminal compression the patient presents with pain in the lower back, neck, left shoulder, left elbow and left wrist and hand. The request is for CYCLOBENZAPRINE 7.5 MG #90 WITH 2 REFILLS. Physical examination to the cervical spine on 02/23/15 revealed spasm and tenderness to palpation to the paravertebral musculature with decreased sensation at C4-C5 and C5-C6. There was a positive foraminal compression test and positive Spurling test. Examination to the left shoulder revealed a positive impingement test, subacromial grinding and clicking, and a positive drop-arm test. Patient's diagnosis, per 01/12/15 progress report include status post closed reduction of dislocated left shoulder, rule out tendonitis, impingement, cuff tear, internal derangement, left hand strain/sprain carpal tunnel syndrome, positive NCV, contracture of the left hand DIP 2nd to 5th finger, strain/sprain of the cervical spine with positive MRI with herniated cervical disc with radiculitis/radiculopathy, strain/sprain of the left elbow with positive NCV for cubital tunnel syndrome, strain/sprain of the lumbar spina with positive MRI for herniated lumbar disc with radiculitis/radiculopathy, stasis edema of the left wrist and forearm, rule out reflex sympathetic dystrophy, left upper extremity, status post right total knee arthroplasty in 2005, abd status post left knee hemiarthroplasty in 2006. Patient's medications, per 01/12/15 progress report include Norco, Ibuprofen, Tiazidine, and Gabapentin. Patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations 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." Treater does not discuss this request. In review of the medical records provided, there were no records of prior use of this medication. The patient suffers with pain in the lower back, neck, left shoulder, left elbow and left wrist and hand. Given the patient's condition, a trial of this medication would be indicated. However, MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, and the requested 90 tablets with 2 refills does not imply short duration therapy. Therefore, the request IS NOT medically necessary.

Omeprazole 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The patient presents with pain in the lower back, neck, left shoulder, left elbow and left wrist and hand. The request is for OMEPRAZOLE 20 MG #30 WITH 2 REFILLS. Physical examination to the cervical spine on 02/23/15 revealed spasm and tenderness to palpation to the paravertebral musculature with decreased sensation at C4-C5 and C5-C6. There was a positive foraminal compression test and positive Spurling test. Examination to the left shoulder revealed a positive impingement test, subacromial grinding and clicking,

and a positive drop-arm test. Patient's diagnosis, per 01/12/15 progress report include status post closed reduction of dislocated left shoulder, rule out tendonitis, impingement, cuff tear, internal derangement, left hand strain/sprain carpal tunnel syndrome, positive NCV, contracture of the left hand DIP 2nd to 5th finger, strain/sprain of the cervical spine with positive MRI with herniated cervical disc with radiculitis/radiculopathy, strain/sprain of the left elbow with positive NCV for cubital tunnel syndrome, strain/sprain of the lumbar spine with positive MRI for herniated lumbar disc with radiculitis/radiculopathy, stasis edema of the left wrist and forearm, rule out reflex sympathetic dystrophy, left upper extremity, status post right total knee arthroplasty in 2005, and status post left knee hemiarthroplasty in 2006. Patient's medications, per 01/12/15 progress report include Norco, Ibuprofen, Tiazidine, and Gabapentin. Patient is temporarily totally disabled. 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." Treater does not document any gastrointestinal upset or irritation. Review of the medical records indicates that the patient has utilized NSAIDS. However, there is no history of ulcers. The treater does not provide GI risk assessment required to make a determination based on MTUS. Therefore, the request Omeprazole 20 mg IS NOT medically necessary.