

Case Number:	CM15-0107226		
Date Assigned:	06/11/2015	Date of Injury:	10/20/1997
Decision Date:	07/14/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/03/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARYf

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 64-year-old female, who sustained an industrial injury on 10/20/1997. Diagnoses have included fibromyalgia, lumbar radiculitis, lumbar disc bulge, cervical radiculitis, cervical disc bulge, left knee internal derangement and left shoulder impingement. Treatment to date has included a home exercise program and medication. According to the progress report dated 5/4/2015, the injured worker complained of low back pain. She also complained of ongoing left knee pain. She complained of spasms in her back and whole body pain rated 7/10. She was awaiting a left total knee arthroplasty. She also complained of left shoulder pain. Physical exam revealed an antalgic gait with a single point cane. Straight leg raise test was positive with sensation in bilateral legs in L4-5 distribution. There was positive myofascial trigger pain of the upper back. Authorization was requested for Ultram, Prilosec and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #90: 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 50mg # 90 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, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are fibromyalgia; lumbar radiculitis, lumbar disc bulge; cervical radiculitis, cervical disc bulge; left knee internal derangement; left shoulder impingement; obesity and status post right arthroscopy. The medical record contains 14 pages. The earliest progress note is dated March 13, 2013. The injured workers list of medications included Vicodin ES, Prilosec 20 mg b. i. d. , Zanaflex 4 mg b. i. d. , Naprosyn and Savella. A follow-up progress note (the most recent) is dated March 9, 2015. The current list of medications is unchanged with the exception of Vicodin ES (discontinued) and Ultram 50 mg (started). The start date for Ultram is not known based on the available documentation available for review. The request for authorization is dated May 4, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization. There is no documentation of objective functional improvement to support ongoing Ultram. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. Consequently, absent clinical documentation with objective functional improvement, risk assessments, detailed pain assessments and a contemporary progress note on or about the date of request for authorization, Ultram 50mg # 90 is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

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, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G. I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are fibromyalgia; lumbar radiculitis, lumbar disc bulge; cervical radiculitis, cervical disc bulge; left knee internal derangement; left shoulder impingement; obesity and status post right arthroscopy. The medical record contains 14 pages. The earliest progress note is dated March 13, 2013. The injured workers list of medications included Vicodin ES, Prilosec 20 mg b. i. d. , Zanaflex 4 mg b. i. d. , Naprosyn and Savella. A follow-up progress note (the most recent) is dated March 9, 2015. The current list of medications

is unchanged with the exception of Vicodin ES (discontinued) and Ultram 50 mg (started). There is no documentation with comorbid conditions or past medical history suggesting history of peptic ulcer, G. I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. There is no clinical indication or rationale for Prilosec documented in the medical record. Consequently, absent clinical documentation with a clinical indication and rationale for Prilosec 20 mg, Prilosec 20mg #60 is not medically necessary.

Zanaflex 4mg #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): 63-66. 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, Zanaflex 4mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for 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 fibromyalgia; lumbar radiculitis, lumbar disc bulge; cervical radiculitis, cervical disc bulge; left knee internal derangement; left shoulder impingement; obesity and status post right arthroscopy. The medical record contains 14 pages. The earliest progress note is dated March 13, 2013. The injured workers list of medications included Vicodin ES, Prilosec 20 mg b. i. d. , Zanaflex 4 mg b. i. d. , Naprosyn and Savella. A follow-up progress note (the most recent) is dated March 9, 2015. The current list of medications is unchanged with the exception of Vicodin ES (discontinued) and Ultram 50 mg (started). Zanaflex has been prescribed by the treating provider in excess of two years. The Zanaflex is indicated for short-term use (less than two weeks). The treating provider has clearly exceeded the recommended guidelines. There is no documentation of objective functional improvement to support ongoing Zanaflex 4 mg. Consequently, absent clinical documentation demonstrating objective functional improvement to support ongoing Zanaflex in excess of the recommended guidelines for short-term use (less than two weeks) when the treating provider prescribed Zanaflex in excess of two years, Zanaflex 4mg #60 is not medically necessary.