

Case Number:	CM15-0132096		
Date Assigned:	07/20/2015	Date of Injury:	05/15/2013
Decision Date:	09/02/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/08/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 61 year old male, who sustained an industrial injury on 5/15/2013. He reported being struck on the head by an object causing him to lose his balance and fall approximately 10 feet and landing on his right shoulder. The injured worker was diagnosed as having cervical sprain and strain, status post-surgery of the cervical spine, right rotator cuff tear, right shoulder adhesive bursitis, right shoulder bursitis, right shoulder impingement syndrome, and right shoulder sprain and strain. Treatment to date has included medications, acupuncture, physical therapy, ultrasound, and activity modification, and magnetic resonance imaging 5/17/2015. The request is for Tramadol ER 150mg #60; Cyclobenzaprine HCL 7.5mg #90; Gabapentin 300mg #90; and 3 sessions of extracorporeal shockwave therapy. On 4/16/2015, his work status is reported as not working. He complained of neck pain, and right shoulder pain. He rated his shoulder pain 5-8/10. Physical findings revealed tenderness in the neck area and a decreased range of motion, and tenderness of the right shoulder with noted muscle spasm in the region. He was dispensed: Tramadol ER, Cyclobenzaprine, and Gabapentin, and given prescription for topical medications. On 4/29/2015, he complained of neck pain, and right shoulder pain. He rated the right shoulder pain as 5-8/10. The treatment plan included: continuation of acupuncture, functional capacity examination, Tramadol ER was dispensed. He remains off work. On 5/12/2015, he reported neck pain, and right shoulder pain. He rated the right shoulder pain as 5-7/10. He was noted to have tenderness in the neck and right shoulder, and muscle spasm in the right shoulder. He was dispensed: Tramadol, Cyclobenzaprine, and Gabapentin. The treatment plan included: extracorporeal shockwave therapy for the right

shoulder. The provider indicated failure of physical therapy, ultrasound, and non-steroidal anti-inflammatory drugs. He remains off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: Tramadol ER 150mg #60 (DOS 5/12/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (2009), Functional restoration approach to chronic pain management; Opioids Page(s): 1, 8-9, 74-95.

Decision rationale: Per the CA MTUS, Tramadol (Ultram) is a synthetic opioid affecting the central nervous system that is not recommended as a first line oral analgesic. The CA MTUS indicates the 4 A's for ongoing monitoring should be documented for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The CA MTUS indicates opioids for neuropathic pain are not recommended as a first line therapy. Opioid analgesics and Tramadol have been suggested as a second line treatment (alone or in combination with first line drugs). The MTUS recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. The CA MTUS Chronic Pain Medical Treatment Guidelines indicates that management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management... and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. In this case, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. The records do not indicate: his current level of pain with the use of Tramadol; his least reported pain over the period since his last assessment; his average pain with the use of Tramadol; the intensity of his pain after taking Tramadol; how long it takes for pain relief with the use of Tramadol; or how long pain relief lasts with the use of Tramadol. The provider noted that "additional therapies and medications were requested because they are helping to decrease pain and increase activities of daily living". However, the records do not indicate his pain was decreased by Tramadol, and do not indicate what his activities of daily living entailed prior to the use of and with the use of Tramadol. There is no indication that Tramadol is being utilized appropriately or any notation regarding known side effects with the use of Tramadol. Therefore, the request for Retrospective request: Tramadol ER 150mg #60 (DOS 5/12/2015), is not medically necessary.

Retrospective request: Cyclobenzaprine HCL 7.5mg #90 (DOS 5/12/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants; MTUS (2009), Functional restoration approach to chronic pain management; Cyclobenzaprine Page(s): 1, 9, 63-66, 41-42.

Decision rationale: Per the CA MTUS, Cyclobenzaprine is an antispasmodic muscle relaxant. Non-sedating muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. Antispasmodics are used to decrease muscle spasm in conditions such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. Cyclobenzaprine is recommended for a short course therapy. There is limited, mixed evidence that does not allow for recommendation for chronic use. According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement, with functional improvement being documented in reduction of pain, increased pain control, and improved quality of life. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit.; and a reduction in the dependency on continued medical treatment. In this case, the records indicated he had muscle spasms present on examination. The records indicate he had been utilizing Cyclobenzaprine for at least one month prior to the retrospective request for authorization in May 2015, possibly even longer. Thus, the request for Cyclobenzaprine in May 2015 would be in excess of the short term treatment recommendations for muscle relaxants. There is no indication of a reduction of his pain with the use of the prescribed Cyclobenzaprine. He continued to be off work. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the Retrospective request: Cyclobenzaprine HCL 7.5mg #90 (DOS 5/12/2015) is not medically necessary.

Retrospective request: Gabapentin 300mg #90 (DOS 5/12/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug (AED).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin; Antiepilepsy drugs (AEDs); MTUS (2009), Functional restoration approach to chronic pain management Page(s): 49, 1, 8-9, 16-22.

Decision rationale: The CA MTUS chronic pain guidelines note Gabapentin is an anti-epilepsy drug (AEDs-also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The CA MTUS guidelines recommend Gabapentin for patients with spinal cord injury as a trial for chronic neuropathic pain that is associated with this condition. "A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for: a switch to a different first line agent, combination therapy if treatment with a single drug agent fails". The CA MTUS guidelines also recommend a trial of Gabapentin for patients with fibromyalgia and patients with lumbar spinal stenosis. According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit,; and a reduction in the dependency on continued medical treatment. He is not working. In this case, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the retrospective request: Gabapentin 300mg #90 (DOS 5/12/15) is not medically necessary.

3 sessions of extracorporeal shockwave therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, extracorporeal shockwave (ESWT).

Decision rationale: The ACOEM guidelines state extracorporeal shockwave therapy (ESWT) may be useful in the initial conservative treatment of acute shoulder symptoms, or for calcifying tendinitis of the shoulder. The ODG guidelines recommend ESWT for calcifying tendinitis but not for other shoulder disorders. There is no evidence of benefit in non-calcific tendonitis of the rotator cuff, or other shoulder disorders, including frozen shoulder or breaking up adhesions. The ODG states that for non-specific chronic shoulder pain, supervised exercises are more effective than shockwave treatment. The criteria for the use of ESWT: (1) patients whose pain from calcifying tendinitis of the shoulder has remained despite 6 months of standard treatment. (2) At least 3 conservative treatments have been performed prior to the use of ESWT. These would include: rest, ice, non-steroidal anti-inflammatory drugs, orthotics, physical therapy, and injections (cortisone). (3) contraindicated in pregnant women; patients younger than 18 years of age; patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; patients with cardiac pacemakers; patients who had physical or occupational therapy within the past 4 weeks; patients who received a local steroid injection within the past 6 weeks; patients with bilateral pain; patients who had previous surgery for the

condition. (4) Maximum of 3 therapy sessions over 3 weeks. In this case, there is no indication in the documentation that he had acute shoulder symptoms, or calcifying tendinitis. He was diagnosed with shoulder adhesive capsulitis, bursitis, rotator cuff syndrome, shoulder region disorder, and rotator cuff sprain, right rotator cuff tear, right shoulder impingement syndrome. Therefore, the request for 3 sessions of extracorporeal shockwave therapy is not medically necessary.