

Case Number:	CM15-0135954		
Date Assigned:	08/27/2015	Date of Injury:	01/15/2008
Decision Date:	10/13/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/14/2015

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: 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 60-year-old male, who sustained an industrial injury on January 15, 2008. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having chronic myofascial pain in the right paracervical and trapezius musculature and lumbar paraspinal musculature, left upper extremity radicular symptoms, bilateral shoulder pain, NCV (nerve conduction velocity) evidence of bilateral carpal tunnel syndrome, bilateral knee pain with positive MRI findings, and opioid withdrawal syndrome stable when receiving opioids regularly. Diagnostic studies to date have included: On December 16, 2014, an MRI of the right shoulder revealed a suspected distal supraspinatus tendon tear with a 23 millimeter distraction gap, presence of subacromial-subdeltoid fluid consistent with distal supraspinatus tendon tear, joint fluid in the subscapularis bursa, an abnormal superior labrum, and the inferior aspect of the acromioclavicular joint caused flattening of the distal supraspinatus muscle. On February 17, 2015, urine drug screens detected Trazadone, Trazadone metabolites, and Oxymorphone, which is consistent with his prescribed medications. Treatment to date has included trigger point injections, psychotherapy, cognitive behavioral therapy, and medications including long-acting opioid analgesic, topical analgesic, antidepressants, anti-epilepsy, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury. Comorbid diagnoses included history of depression and insomnia. On June 16, 2015, the injured worker reported inability to ride his bike for 3 weeks due to pain. The treating physician noted that he was agitated. He reported stopping the Diclofenac, non-steroidal anti-inflammatory, due to nausea. He reported an attempt to use Tramadol made him sick. He reported a flare-up of his back and chronic myofascial pain with daily spasms due to the lack of his muscle relaxant medication,

resulting in difficulty bike riding or exercising and difficulty sleeping. He reported generalized pain, stiffness of the joints, continued tightness of the neck and upper back, increased radicular pain into the right upper extremity, and myofascial pain from the paracervical region into the thoracic and lumbar region. Associated symptoms include depression, insomnia, and anxiety. His pain level without medications is 8 out of 10, 6 out of 10 with medications and current is 6 out of 10. The treating physician noted he was observed to be able to walk and move about more easily than the injured worker reported. He is awaiting a new psychiatrist. The physical exam revealed tightness of the cervical paraspinal musculature and taut muscle bands, obvious left upper trapezium and subscapular region spasms, and decreased cervical range of motion due to pain, but significantly improved from the prior month. He was freer in rotation and cervical compression caused no radicular pattern pain on this date. There was significant right shoulder tenderness with bicep tendon and any of the infraspinatus attachment. There were positive Speed's, Neer's and Jobe's testing, and positive clunk with motion. There was decreased flexion and extension of the right shoulder. There was continued significant lumbar paraspinal musculature without muscle spasms, improved forward flexion to 50 degrees and extension to 20 degrees, and a positive right straight leg raise from pulling pain in the posterior lateral aspect of the thigh. A urine drug screen detected Trazadone, Trazadone metabolites, and Oxymorphone, which is consistent with his prescribed medications. Tramadol and Tramadol metabolites were detected, which is consistent with his prescribed medications. Work status: per MedLegal reporting. The requested treatments included Naprosyn, Opana ER, Lyrica, Omeprazole, and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 550mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The California Medical Treatment Utilization Schedule (CMTUS) guidelines recommend Naprosyn, a non-steroidal anti-inflammatory drug (NSAID), as a second-line treatment for the short-term relief of osteoarthritis or ankylosing spondylitis and pain. The medical records show that the injured worker has used the non-steroidal anti-inflammatory medication, Naproxen, chronically since at least November 2014 to May 2015, when he was switched to another NSAID, Voltaren. The medical records show that, on June 16, 2015, the injured worker experienced nausea with Voltaren and was changed back to Naprosyn. There is lack of documentation of improvement of symptoms or function after treatment with Naprosyn to date. Therefore, Requested Treatment: Naprosyn 550mg, #60 is not medically necessary.

Opana ER 5mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The request is for Opana ER (Oxymorphone), which is an extended-release opioid. The California Medical Treatment Utilization Schedule (CMTUS) guidelines recommend extended-release opioids for continuous therapy of chronic pain. The long-term usage of opioid therapy is discouraged by the CMTUS guidelines unless there is evidence of "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, and 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." In addition, CMTUS guidelines also detail indications for discontinuing opioid medication, such as serious non-adherence or diversion. The medical records show that the injured worker has been taking Opana ER since at least May 2014. There was lack of physician documentation of the least reported pain over the period since last assessment, average pain, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. 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. Of note, discontinuation should include a taper to avoid withdrawal symptoms. Therefore, the Requested Treatment: Opana ER 5mg, #60 is not medically necessary.

Lyrica 75mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The California Medical Treatment Utilization Schedule (CMTUS) guidelines recommend anti-epilepsy drugs (also referred to as anti-convulsants) as a first-line treatment for neuropathic pain (pain due to nerve damage). A 50% reduction in pain is defined as a good response to the use of anti-epilepsy drugs and a 30% reduction in pain is defined as a moderate response. A less than 30% response to the use of anti-epilepsy drugs may prompt a switch to a different first-line agent (tricyclic antidepressants, serotonin-norepinephrine reuptake inhibitors or anti-epilepsy drugs are considered first-line treatment) or combination therapy if treatment with a single drug agent fails. Per the CMTUS, recommends Lyrica as a first-line treatment for diabetic neuropathy and postherpetic neuralgia. The Food and Drug Administration (FDA) has approved Lyrica for diabetic neuropathy, postherpetic neuralgia, and fibromyalgia. Per the CMTUS, there is lack of evidence that myofascial or other sources of somatic pain is significantly decreased by anti-epilepsy drugs. The medical records show the injured worker has been taking Lyrica since at least October 2014. There is lack of documentation to support the injured worker is taking the Lyrica for diabetic neuropathy and postherpetic neuralgia as recommended by the guidelines. There is a lack of documentation of a 30% or reduction in pain with the treatment already provided. In this case, there is no compelling evidence presented by the treating provider that indicates in this injured worker, continuing this medication has been effective in maintaining any measurable objective evidence of functional improvement. Medical necessity of the requested item has not been established. Therefore, the request for Lyrica is not medically necessary.

Omeprazole 20mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, proton pump inhibitor medication is recommended when the injured worker is at intermediate or high risk for gastrointestinal events without cardiovascular disease and at high risk for gastrointestinal events with cardiovascular disease while being treated with non-steroidal anti-inflammatory drugs (NSAIDs). The patient is at risk for a gastrointestinal event when they are older than 65 years, have a history of peptic ulcer, GI bleeding or perforation; use ASA, corticosteroids, and-or an anticoagulant concurrently; or use high dose or multiple NSAID (e.g., NSAID + low-dose ASA). The CMTUSS recommends considering a H2-receptor antagonists or a proton pump inhibitor for treatment of NSAID-induced dyspepsia. The medical records show that the injured worker experienced digestive problems with medications. There is lack of documentation of gastrointestinal symptoms due to NSAID therapy. The injured worker was chronically treated with Naprosyn, a NSAID, without documentation of dyspepsia due to the medication. On June 16, 2015, the injured worker reported nausea with Voltaren, the Voltaren was stopped, and the Naprosyn restarted. In addition, there is a lack of evidence that the injured worker is at intermediate or high risk for gastrointestinal events. The injured worker is less than 65 years old and has no history of peptic ulcer, GI bleeding or perforation. The injured worker is not being treated with high dose or multiple non-steroidal anti-inflammatory drugs or concurrent aspirin, corticosteroids, and-or an anticoagulant. Also, it is determined that Naprosyn is not medically necessary. Therefore, the requested treatment: Omeprazole 20mg, #30 is not medically necessary.

Cymbalta 30mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta).

Decision rationale: Per the ACOEM (American College of Occupational and Environmental Medicine) guidelines, "brief courses may be helpful to alleviate symptoms of depression". Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, Cymbalta is a SNRI (serotonin-norepinephrine reuptake inhibitor) that is approved by the Food and Drug Administration (FDA) for the treatment of depression, generalized anxiety disorder, and diabetic neuropathy pain. The medical records show that the injured worker has been treated in the past with psychotherapy, cognitive behavioral therapy, and medication for depression. The medical records show that the injured worker has been taking Cymbalta since at least May 2014. 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 request for Cymbalta is not medically necessary.