

Case Number:	CM15-0137155		
Date Assigned:	07/27/2015	Date of Injury:	02/21/2008
Decision Date:	09/29/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/15/2015

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, California
 Certification(s)/Specialty: Emergency 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 39 year old male, who sustained an industrial injury on February 21, 2008. The mechanism of injury was not provided in the medical records. The injured worker has been treated for back, bilateral shoulder and bilateral knee complaints. The diagnoses have included right shoulder rotator cuff tear with adhesive capsulitis, left shoulder impingement syndrome with acromioclavicular joint pain, rotator cuff tearing and adhesive capsulitis, lumbar disc injury and bilateral chondromalacia. Treatment and evaluation to date has included medications, radiological studies and several MRI's. The injured worker was not working and was noted to be temporarily totally disabled. Current documentation dated June 12, 2015 notes that the injured worker reported head, low back, bilateral shoulder and bilateral knee pain. The bilateral shoulder pain and low back pain were rated a four out of ten, the bilateral knee pain a five out of ten and the head pain a three out of ten on the visual analogue scale. Examination of the right shoulder revealed clear evidence of adhesive capsulitis and a severely limited range of motion. Motor strength was dramatically diminished and sensation was intact. The treating physician's plan of care included requests for Tramadol 50 mg # 100 with 1 refill, Diclofenac XR 100 mg # 30 with 1 refill, Zolpidem 10 mg # 30 with 1 refill and Prilosec 20 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, 1 orally every 6-8 hours as needed, #100 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Chapter: Pain (Chronic) - Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that central acting analgesics may be used to treat chronic pain. Tramadol is not recommended as a first-line oral analgesic. This small class of synthetic opioids exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs are reported to be effective in managing neuropathic pain. Side effects are similar to traditional opioids. Tramadol use is recommended for treatment of episodic exacerbations of severe pain. The MTUS guidelines discourage long-term usage unless there is evidence of ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life. The MTUS Guidelines indicate that "functional improvement" is evidenced by 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. In this case, the injured worker was noted to have chronic back, bilateral shoulder and bilateral knee pain. The injured worker has been prescribed Tramadol since May of 2015. No functional improvement as a result of the use of Tramadol was noted. The documentation shows no change in work restrictions for this injured worker with use of Tramadol. There was no documentation of improvement in specific activities of daily living as a result of use of Tramadol. There was no documentation of decrease in medication use or decrease in frequency of office visits as a result of use of Tramadol. Due to lack of a detailed pain assessment, lack of documentation of improvement in pain and lack of documentation of functional improvement, the request for Tramadol is not medically necessary.

Diclofenac XR (extended release) 100mg, 1 orally every day, #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects; NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68.

Decision rationale: Diclofenac XR is a non-steroidal anti-inflammatory drug used for the relief of signs and symptoms of osteoarthritis. The California Medical Treatment Utilization Schedule

(MTUS) Chronic Pain Medical Treatment Guidelines recommend non-steroidal anti-inflammatory drugs as an option for short-term use to reduce pain. Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period of time in patient with moderate to severe pain. The long-term use of NSAIDs is not without significant gastrointestinal, cardiovascular and renal risks. Before prescribing medications for chronic pain the following should occur: determine the aim of the use of the medication, determine the potential benefits and adverse effects and determine the injured workers preference. The MTUS Guidelines indicate that "functional improvement" is evidenced by 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. This injured worker has chronic neck, bilateral shoulder and bilateral knee pain. Diclofenac XR has a higher cardiovascular risk profile than many other NSAIDs and should not be the first choice for an NSAID. The treating physician has not provided any indications for using diclofenac rather than other, safer NSAIDs. There is lack of documentation of how long the injured worker has been prescribed Diclofenac XR or if the injured work had received any prior NSAIDs. For these reasons, the request for Diclofenac XR is not medically necessary.

Zolpidem 10mg, 1 orally at bedtime as needed, #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Insomnia treatment: Zolpidem (Ambien); ODG-TWC, Pharmacologic Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Insomnia treatment: Zolpidem (Ambien®).

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) guidelines do not address the medication Ambien (Zolpidem). Therefore, the Official Disability Guidelines were referenced. Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this case, the documentation supports the injured worker has been taking Zolpidem since May of 2015. The guidelines recommend Ambien for short-term use for insomnia. There is lack of documentation of any sleep modification attempts. There is lack of documentation of the effectiveness of the medication. This medication is not recommended for long-term use. The request for Zolpidem is not medically necessary.

Prilosec 20mg, 1 orally 2 times daily as needed, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Chapter: Pain (Chronic) - Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal symptoms and cardiovascular risk Page(s): 68, 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Proton pump inhibitors (PPIs).

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommends that the use of non-steroidal anti-inflammatory drugs be weighed against both gastrointestinal (GI) and cardiovascular risk factors. It should also be determined if the patient is at risk for gastrointestinal events. The MTUS guidelines recommend that patients at intermediate risk for gastrointestinal events and no cardiovascular disease receive a non-selective NSAID with either a proton pump inhibitor (PPI) or a Cox-2 selective agent. Long-term PPI medication use greater than one year has been shown to increase the risk of hip fracture. The Official Disability Guidelines state that the use of proton pump inhibitor medication should be used at the lowest dose for the shortest possible amount of time. In this case, the injured worker was noted to be receiving Prilosec since May of 2015. There is lack of documentation of prior use of over-the-counter medications and their effectiveness. There is lack of documentation that the injured worker was at risk for a gastrointestinal event. The request for Prilosec is not medically necessary.