

Case Number:	CM15-0139139		
Date Assigned:	07/29/2015	Date of Injury:	08/09/2013
Decision Date:	10/22/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/17/2015

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 65 year old male, who sustained an industrial injury on 8-9-2013. He reported injury to his right arm, right wrist, chest, neck, and back after slipping and falling. The injured worker was diagnosed as having traumatic right wrist sprain and strain, moderate right carpal tunnel syndrome, chronic myofascial pain syndrome, cervical and thoracolumbar spine, moderate to severe, mild right L5 radiculopathy, and injury to bilateral shoulders with internal derangement. Treatment to date has included medications, home exercises, urine drug screening (12-15-2014, 3-5-2015 and 5-28-2015), x-rays, electrodiagnostic studies (6-23-2014), physical therapy, and magnetic resonance imaging of the neck, low back and right wrist. The request is for a urine drug screen, Naproxen 550mg, Tramadol HCL ER, and a 3 month gym membership with pool. On 12-11-2014, he reported frequent neck, upper and lower back pain. He rated his pain 5-6 out of 10. He also reported pain and numbness of the right hand, and right shoulder. He rated this pain 9-10 out of 10. He indicated his current medications to decrease his pain down to a 2-3 out of 10, and improving his ability to function and perform activities of daily living such as sitting, walking, bathing, and sleeping. The treatment plan included: right carpal tunnel release, discontinue Norco due to side effects, and prescription for Ultram, and Motrin, home exercises, swimming pool exercises, and deep breathing meditation and follow up. On 1-22-2015, he reported pain and numbness of the right hand, and upper and lower back pain which he rated 6-8 out of 10. He indicated his current medications bring his pain down to 3 out of 10. He was given trigger point injections in the office. The treatment plan included: right carpal tunnel release, Ultram, Motrin, continue home exercises and swimming pool exercises. He is noted to

not have side effects to medications, and urine drug screens are performed periodically to monitor compliance with the treatment. On 5-28-2015, he reported headaches and neck pain rated 5 out of 10, upper and low back pain rated 7-8 out of 10. He indicated medications take his pain down to 2-3 out of 10. The treatment plan included: Tramadol, Naproxen, and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); Naproxen Page(s): 66-73.

Decision rationale: The CA MTUS guidelines state that Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The CA MTUS guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain of osteoarthritis of the knee and hip; or as an option for short-term symptomatic relief of chronic low back pain. The CA MTUS indicates that analgesics should show effects within 1-3 days, and that a record of pain and function with the medication should be recorded. Per the MTUS, nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain; NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. Package inserts for NSAIDs recommend periodic monitoring of a complete blood count (CBC) and chemistry profile (including liver and renal function tests). In this case, he had utilized Motrin since at least December 2014, thus he has been utilizing NSAIDs long term which is not recommended. There is no indication in the documentation regarding the reason for changing from one NSAID to another. The records do not indicate periodic monitoring of blood tests and blood pressure. Based on these findings it is determined that Naproxen 550mg #180 is not medically necessary.

Tramadol HCL extended release 150mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol (Ultram); Functional restoration approach to chronic pain management Page(s): 1, 8-9, 74-95 & 113.

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. 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 that he reported a decrease in his pain levels and an improvement to his activities of daily living. However, the records do not indicate if these changes were attributed directly to Tramadol, or his other medications. The records do not indicate his current level of pain. However, the records do not discuss 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. There is no indication of aberrant behavior or noted side effects with Tramadol. There is no indication of a CURES report. His current work status and a reduction in the dependency on medical treatment are not discussed. Therefore, the request for Tramadol HCL extended release 150mg #120 is not medically necessary.

Gym membership with pool, 3 months: 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), gym memberships, low back-lumbar and thoracic (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), gym memberships.

Decision rationale: The CA MTUS does not specifically address gym memberships; therefore the ODG guidelines were utilized. The ODG guidelines, state that gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. In this case, there is no indication of failure of his home exercise program. Therefore, based on the guidelines it is determined that the request for Gym membership with pool, 3 months is not medically necessary.