

Case Number:	CM15-0139445		
Date Assigned:	07/29/2015	Date of Injury:	12/31/2009
Decision Date:	09/23/2015	UR Denial Date:	06/19/2015
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: Anesthesiology

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 52-year-old male, who sustained an industrial injury on December 31, 2009. He reported that a large screw flew off a machine hitting him in the back of the head, neck, and left shoulder region with loss of consciousness. The injured worker was diagnosed as having herniated nucleus pulposus (HNP) of the cervical spine with stenosis, cervical radiculopathy, left shoulder superior labral anterior and posterior (SLAP) lesion, right greater trochanteric bursitis, and chronic pain syndrome. Treatments and evaluations to date have included MRIs, x-rays, left shoulder surgeries, electromyography (EMG), and medication. Currently, the injured worker reports neck and low back pain with difficulty with sleep. The Primary Treating Physician's report dated May 26, 2015, noted the injured worker reported his condition had remained stable, last worked in 2010. The injured worker reported his neck pain as 7 out of 10 on the pain scale radiating into the bilateral shoulders, with numbness and pain radiating through the bilateral arms into the hands into all fingers. The injured worker's low back pain was reported to radiate into his right hip, rated as 7 out of 10 on the pain scale. The injured worker's current medications were listed as Ultracet, Prilosec, Flexeril, Flexeril cream, Ibuprofen, and Docuprene, with the injured worker reporting the medications did not improve his sleep but helped to calm down the pain, with constipation secondary to medication use. Physical examination was noted to show the injured worker with a mildly antalgic gait and mild tenderness to palpation to the cervical, thoracic, and lumbar spine with mild cervical spasms noted. Decreased sensation was noted to the right L4, L5, and S1 dermatomes. The treatment plan was noted to include requests for authorization for cervical epidural steroid injections (ESIs), prescriptions for Omeprazole,

Cyclobenzaprine, Cyclobenzaprine cream, Tramadol-APAP, Ibuprofen, Norco, and Docuprene, and requests for a pain psychologist referral, neurologist consultation, lumbar MRI, sleep study, and an Internal Medicine consult for hemorrhoids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol-Acetaminophen 37.5-325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 82, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation www.medicinenet.com/tramadolacetaminophen-oral/article.htm.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The 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." On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and use of drug screening with issues of abuse, addiction, or poor pain control. 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, increased level of function, or improved quality of life. The guidelines note to continue opioids when the injured worker has returned to work, and if the injured worker has improved functioning and pain. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol-Acetaminophen is the generic name of Ultracet. In this case, the injured worker was noted to have been prescribed Ultracet since February 2015. The injured worker reported his medication regiment minimally reduced his pain from 8 out of 10 to 6 out of 10 on the pain scale, without documentation of objective, measurable improvement in the injured worker's pain, function, and ability to perform specific activities of daily living (ADLs), quality of life, work status, or dependency on continued medical care. The documentation did not include a pain assessment that included the current pain, the least reported pain over the period since last assessment, average pain, and the intensity of pain after taking the Ultracet, how long it takes for pain relief, or how long the pain relief lasts. Based on the guidelines, medical necessity for the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested treatment with Ultracet is not medically necessary.

Cyclobenzaprine 5% #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Topical analgesics Page(s): 41-42, 111-113.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. In this case, the requested topical agent is a muscle relaxant, Cyclobenzaprine 5% gel. Cyclobenzaprine is not FDA approved for use as a topical application. In addition, the treating physician's request did not include the site of application or directions for use. Medical necessity for the requested topical analgesic has not been established. The requested topical gel is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines note that co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDs such as NSAID plus low dose aspirin). The guidelines are specific regarding the risk factors of history of peptic ulcer or GI bleeding or perforation, not just a GI history that could include many other GI issues. The Official Disability Guidelines (ODG) notes proton pump inhibitors (PPIs) are recommended for patients at risk for gastrointestinal (GI) events, with decision to use PPIs long term needs to be weighed against the risk. "The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia and cancer; and more recently adverse cardiovascular effects. PPIs have a negative effect on vascular function, increasing the risk for myocardial infarction (MI)." The injured worker was noted to have been prescribed Ibuprofen and Tramadol with Acetaminophen, and Omeprazole. The physician prescribed the Omeprazole since February 2015 to be used as needed for gastritis or reflux. There was no indication in the record of the injured worker having gastritis or reflux symptoms, a peptic ulcer, or gastrointestinal (GI) bleed, nor was he prescribed concurrent use of aspirin, corticosteroids and-or an anticoagulant, and or high dose or multiple NSAIDs at age 52.

Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for Omeprazole. This request is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle relaxants Page(s): 41-42, 63-64.

Decision rationale: The CA MTUS notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain as they may be effective in reducing pain and muscle tension, and increasing mobility, however, in most low back pain cases, they show no benefit beyond non-steroid anti-inflammatory drugs (NSAIDs) in pain and overall improvement. There is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril) is recommended for a short course of therapy, with limited, mixed-evidence not allowing for a recommendation for chronic use, recommended to be used no longer than two to three weeks. The injured worker was noted to have been prescribed the Cyclobenzaprine since at least November 2014, which far exceeds the recommended two to three weeks of therapy without documentation of an acute exacerbation of symptoms. The documentation provided did not include documentation of objective, measurable improvement in the injured worker's pain, function, ability to perform specific activities of daily living (ADLs), work status, or dependency on medical care with the use of the Cyclobenzaprine. Therefore, based on the guidelines, the documentation provided does not support the medical necessity for the request of Cyclobenzaprine 7.5mg #60. This request is not medically necessary.