

Case Number:	CM15-0163826		
Date Assigned:	09/01/2015	Date of Injury:	12/19/2007
Decision Date:	10/20/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/20/2015

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 49 year old female, who sustained an industrial injury on December 19, 2007. She reported injuries of her neck, right shoulder, bilateral hands, low back, both legs, and both feet due to continuous and repetitive work motions. The injured worker was diagnosed as having cervical radiculopathy, lumbar radiculopathy, and shoulder impingement. The medical records refer to an endoscopy on November 19, 2001, which revealed mild to moderate gastritis. She was positive for *Helicobacter pylori* (*H. pylori*). On October 17, 2014, an esophagogastroduodenoscopy revealed gastritis. Surgeries to date have included right shoulder arthroscopic debridement and complete synovectomy in 2012. Treatment to date has included physical therapy, pool therapy, hand therapy, work modifications, epidural steroid injections, steroid injections, home exercises, and medications including opioid analgesic, anti-epilepsy, sleep, antianxiety, muscle relaxant, proton pump inhibitor, antacid, antigas, antibiotics, histamine 2 antagonist, and non-steroidal anti-inflammatory. Other noted dates of injury documented in the medical record include: June 4, 2001, February 26, 1990 to May 25, 2012, February 26, 1990 to August 1, 2007, December 20, 2007 to September 7, 2010, September 1, 1998 to June 4, 2001, and May 25, 2012. Comorbid diagnoses included history of chronic gastritis, *H. pylori* infection, anxiety, dyslipidemia, and depression. On July 15, 2015, the injured worker reported continued pain of the cervical spine, right shoulder, bilateral upper extremities, and lower back. Associated symptoms included decreased grip and strength in both hands, her right hand was weaker than the left hand, burning pain in the feet, her back pain radiated to the bilateral lower extremities, bilateral hip pain, and continued gastric symptoms. The physical exam revealed

spasm and tenderness to palpation of the cervical paraspinal muscles, decreased sensation in both hands, restricted cervical range of motion, normal muscle testing of the bilateral elbows and wrists, and normal reflexes of the bilateral upper extremities. There were well-healed portals consistent with arthroscopic surgery of the right shoulder, tenderness to palpation of the anterior shoulder, restricted right shoulder range of motion, and a positive impingement sign. There was spasm and tenderness to palpation of the lumbar paraspinal muscles, decreased sensation in both feet, and restricted lumbar range of motion, normal muscle testing of the bilateral lower extremities, positive bilateral straight leg raise, and normal heel-toe walking. Her work status remained temporarily totally disabled. The treatment plan included continuing Aciphex DR, Carisoprodol, Gabapentin, and Tramadol HCL.

IMR ISSUES, DECISIONS AND RATIONALES

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

AcipHex DR 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Katz PO, Gerson LB, Vela MF, Guidelines for the diagnosis and management of gastroesophageal reflux disease. AM J Gastroenterol. 2013 Mar; 108 (3): 308-28.

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

Decision rationale: According to CA MTUS (2009), proton pump inhibitors (PPIs), such as Aciphex (Rabeprazole), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. Aciphex is considered a second-line PPI. In this case, the patient has a history of chronic gastritis. The documentation does not reflect attempts and failure of other PPIs. Therefore, the medical necessity of this requested medication has not been established. The requested medication is not medically necessary.

Carisoprodol 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) Chronic Pain Medical Treatment Guidelines, Soma (carisoprodol), a sedating centrally acting skeletal muscle relaxant, is not recommended and not indicated for long term use. 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. The muscle relaxant prescribed in

this case is sedating. Per the CMTUS, Carisoprodol is not recommended for chronic pain and has habituating and abuse potential. This injured worker has chronic pain with no evidence of prescribing for flare-ups. The medical records show that the injured worker has been taking Soma since at least January 2015. There is lack of documentation of any specific and significant improvements in pain or function as a result of treatment with Soma. Medical necessity for the requested therapy has not been established. The requested therapy is not medically necessary.

Gabapentin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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. The CMTUS, recommends Gabapentin as a first-line treatment for neuropathic pain. Gabapentin is recommended as a trial for complex regional pain syndrome and fibromyalgia, also. The medical records show the injured worker has been taking Gabapentin since at least January 2015. There is a lack of documentation of a 30- 50% reduction in pain with the treatment already provided. There is a lack of functional improvement such as significant improvement in activities of daily living or reduction of work restrictions 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. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Tramadol HCL 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain; last reported pain over the period since

last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. In this case, it is not clear what other medications/opiates have (or have not) been tried. Tramadol is not recommended as a first-line oral analgesic. Medical necessity for the requested medication has not been established. The requested treatment with Tramadol is not medically necessary.