

Case Number:	CM15-0165474		
Date Assigned:	09/03/2015	Date of Injury:	01/27/2004
Decision Date:	10/22/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/24/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old female, with a reported date of injury of 01-27-2004. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include cervical spine herniated disk, lumbosacral spine musculoligamentous sprain, and right shoulder biceps tendonitis. Treatments and evaluation to date have included oral medications, an H-wave unit, and home exercise program. The diagnostic studies to date have included a urine drug screen on 07-18-2014. The progress report dated 07-10-2015 indicates that the injured worker stated that she had limitations in her activities of daily living. She performed activities with breaks, and she required the use of medications to perform household daily activities. The injured worker continued to have pain in her neck, bilateral shoulders, trapezial area, and lower back. It was noted that she had locking of her back; pain extending up to the mid back; numbness and tingling in the upper extremities bilaterally; and radiating pain in the upper extremities bilaterally. She rated the pain less than 4 out of 10. There was an 80% relief of symptoms with the use of medications. The objective findings include cervical spine flexion and extension at 20 degrees, tenderness and spasm over the cervical paravertebral and trapezial musculature bilaterally, lumbar spine extension at 10 degrees, tenderness to palpation over the lumbar paravertebral musculature with spasm, right shoulder range of motion showed abduction and flexion of 165 degrees, tenderness to palpation of the right shoulder, decreased sensation to the thumb, index finger, and middle finger of the right hand, and pain in the bilateral lumbar spine with straight leg raise testing. The treatment plan included the continued of medications including Docusate

sodium, Omeprazole, and Tramadol. The injured worker is temporarily totally disabled. The treating physician requested Tramadol HCL 37.5-325 mg #60, Omeprazole 20 mg #60, and Docusate sodium 100 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 37.5-325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM; Occupational Medicine Practice Guidelines Plus, APG I Plus, 2010, chapter Chronic Pain.

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

Decision rationale: Based on the 7/10/15 progress report provided by the treating physician, this patient presents with continued pain in her neck, bilateral shoulders, trapezial area, lower back, pain extending up to her mid-back and radiating pain with numbness/tingling in bilateral upper extremities, with overall pain rated 4/10 on VAS scale. The treater has asked for Tramadol HCL 37.5-325mg #60 on 7/10/15. The patient's diagnoses per request for authorization dated 7/10/15 are herniated disc. csp; biceps tendonitis, sh; lumbosacral (joint) (ligament) sprain. The patient is s/p gynecological surgery in March 2015, and has been limited in her activities since per 5/15/15 report. The patient attended 6 acupuncture treatments and paid out of pocket per 5/15/15 report. The patient is s/p recent episode of increased heart rate with jaw/neck pain and is being evaluated for possible cardiac condition per 5/15/15 report. The patient has limitations to activities of daily living at 40% of normal, and has relief of symptoms at 80% with use of medications per 7/10/15 report. The patient's work status is temporarily totally disabled per 7/10/15 report. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use Of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, page113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. The treater does not discuss this request in the reports provided. Patient is taking Tramadol in reports dated 5/15/15 and 7/10/15. Utilization review letter dated 7/31/15 states that patient was recommended to wean off Tramadol per utilization review from October 2014. MTUS requires appropriate discussion of all

the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. A urine drug screen from 7/22/14 was consistent. However, no CURES and no opioid contract are provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request IS NOT medically necessary.

Omeprazole 20mg #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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Based on the 7/10/15 progress report provided by the treating physician, this patient presents with continued pain in her neck, bilateral shoulders, trapezial area, lower back, pain extending up to her mid-back and radiating pain with numbness/tingling in bilateral upper extremities, with overall pain rated 4/10 on VAS scale. The treater has asked for Omeprazole 20mg #60 on 7/10/15. The patient's diagnoses per request for authorization dated 7/10/15 are herniated disc. csp; biceps tendonitis, sh; lumbosacral (joint) (ligament) sprain. The patient is s/p gynecological surgery in March 2015, and has been limited in her activities since per 5/15/15 report. The patient attended 6 acupuncture treatments and paid out of pocket per 5/15/15 report. The patient is s/p recent episode of increased heart rate with jaw/neck pain and is being evaluated for possible cardiac condition per 5/15/15 report. The patient has limitations to activities of daily living at 40% of normal, and has relief of symptoms at 80% with use of medications per 7/10/15 report. The patient's work status is temporarily totally disabled per 7/10/15 report. MTUS, NSAIDs, GI symptoms & cardiovascular risk section, pg. 68, 69: that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI. Prilosec has been prescribed since at least report dated 5/15/15. The utilization review letter dated 7/31/15 denies request stating that the patient is not at intermediate risk of GI event. MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. However, review of reports does not show a diagnosis of gastritis. There is no documentation of the efficacy of Prilosec per review of reports. In addition, the patient is not currently taking an NSAID per requesting 7/10/15 report. Therefore, the request IS NOT medically necessary.

Docusate Sodium 100mg #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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 7/10/15 progress report provided by the treating physician, this patient presents with continued pain in her neck, bilateral shoulders, trapezial area, lower back, pain extending up to her mid-back and radiating pain with numbness/tingling in bilateral upper extremities, with overall pain rated 4/10 on VAS scale. The treater has asked for Docusate Sodium 100mg #60 on 7/10/15. The patient's diagnoses per request for authorization dated 7/10/15 are herniated disc. csp; biceps tendonitis, sh; lumbosacral (joint) (ligament) sprain. The patient is s/p gynecological surgery in March 2015, and has been limited in her activities since per 5/15/15 report. The patient attended 6 acupuncture treatments and paid out of pocket per 5/15/15 report. The patient is s/p recent episode of increased heart rate with jaw/neck pain and is being evaluated for possible cardiac condition per 5/15/15 report. The patient has limitations to activities of daily living at 40% of normal, and has relief of symptoms at 80% with use of medications per 7/10/15 report. The patient's work status is temporarily totally disabled per 7/10/15 report. MTUS page 77, Criteria for Use of Opioids Section, regarding constipation states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states, "Opioid induced constipation is a common adverse side effect of long-term opioid use." MTUS, Opioids for osteoarthritis Section under "Short Term Use," pg. 83: Benefits of opioids are limited by frequent side effects (including nausea, constipation, dizziness, somnolence and vomiting). (Stitik, 2006) (Avouac, 2007) (Zhang, 2008). In regard to the requested Docusate for the management of this patient's Opioid associated constipation, the medication is not necessary as continued opiate usage is not substantiated. Such medications are appropriate interventions for those undergoing long-term opiate use. However, as the requested Tramadol is not indicated, neither is the Docusate. Therefore, this request IS NOT medically necessary.