

<b>Case Number:</b>	CM15-0167104		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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:

This 38 year old female sustained a work related injury on 08-05-2013. She reported that she was forcibly closing a window on the bus when she injury her right arm. Treatment to date has included medications and physical therapy. According to a progress report dated 07-27-2015, the injured worker reported cervical pain with right upper extremity symptoms rated 5 on a scale of 1-10. Right shoulder pain was increasing and rated 9. The provider noted that medication at current dosing facilitated maintenance of activities of daily living such as light household duties shopping for groceries, grooming and cooking. Without medications, activities of daily living were in jeopardy. Tramadol ER 150 mg two every day facilitated an average 5 point diminution in somatic pain. With Tramadol ER, she had improved range of motion and greater tolerance to exercise and a variety of activity. Tramadol ER 300 mg day facilitated elimination of Schedule 2 IR opioid narcotic analgesic. Nonsteroidal anti-inflammatory drugs (NSAIDS) facilitated improved range of motion and decreased achy pain and additional 3 point average with improved range of motion. There was a history of gastrointestinal upset with NSAIDS. Omeprazole had been non efficacious. The provider noted that there had been refractory nature of spasm prior to Cyclobenzaprine at current dosing. Spasm was refractory to activity modification, stretching, heat physical therapy and home exercise. Cyclobenzaprine decreased spasm for approximately 4-6 hours, facilitating marked improvement in range of motion and tolerance to exercise and additional decrease in overall pain level average 3-4 points on a 1-10 scale. Objective findings included tenderness of the right shoulder, flexion at 90 degrees, abduction at 80 degrees, atrophy of the deltoid musculature, swelling of the right shoulder, tenderness of the cervical spine and

upper extremity and spasm of the right cervical trapezius-deltoid tie in. Diagnoses included right shoulder acromioclavicular osteoarthropathy, rule out rotator cuff pathology right shoulder, cervical myofascial pain, rule out cervical disc injury-radiculopathy and calcific tendinitis right shoulder. The treatment plan included MRI of the right shoulder due to increased pain and decreased range of motion, shock wave for the right shoulder, physical therapy for the cervical spine, Tramadol ER 150 mg two every day, Naproxen Sodium 550 mg three times a day, Pantoprazole 20 mg three times a day and Cyclobenzaprine 7.5 mg three times a day as needed for intractable spasm and a urine drug screen. The injured worker was partially disabled with no repetitive at or above shoulder level activities right upper extremity, reaching, pushing or pulling. She was to return in 3 weeks. Currently under review is the request for Tramadol ER 150 mg #60 Naproxen Sodium 550 mg #90 Pantoprazole 20 mg #90 Cyclobenzaprine 7.5 mg #90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol ER 150mg #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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**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, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. In this case, documentation shows long term use of Tramadol ER dating back to 12-08-2014. A urine drug screen dated 03-20-2015 was negative for Tramadol and was noted as inconsistent with prescribed medication. Progress notes going back to 12-08-2014 consistently noted maintenance of activities of daily living such as light household duties, shopping for groceries, grooming and cooking with use of medication. Functioning was not documented with a numerical scale or validated instrument. There is no documentation of significant pain relief or increased function from the opioids used to date. 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 not been established and the requested treatment is not medically necessary.

**Naproxen Sodium 550mg #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): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

**Decision rationale:** Naproxen (Aleve or Naprosyn) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, documentation shows long term use of Naproxen dating back to 12-08-2014. Guidelines do not recommend long term use. Progress notes going back to 12-08-2014 consistently noted maintenance of activities of daily living such as light household duties, shopping for groceries, grooming and cooking with use of medication. Functioning was not documented with a numerical scale or validated instrument. There is a lack of functional improvement 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 of the requested medication has not been established. The request for Naproxen is not medically necessary.

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

**Decision rationale:** According to the CA MTUS, proton pump inhibitors, such as Pantoprazole (Protonix), 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. There is no documentation indicating the patient has any GI symptoms or GI risk factors. In this case, Naproxen was not found to be medically necessary. Medical necessity for Pantoprazole has not been established. The requested medication is not medically necessary.

**Cyclobenzaprine 7.5mg #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): Muscle relaxants (for pain).

**Decision rationale:** The CA 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. Therapies should be focused on functional restoration rather than the elimination of pain. CA MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDS (nonsteroidal anti-inflammatory drugs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDS. Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. In this case, documentation shows long term use of Cyclobenzaprine dating back to 12-08-2014. Long term use is not recommended. There was no discussion that the injured worker was experiencing an acute exacerbation of chronic pain. Progress notes going back to 12-08-2014 consistently noted maintenance of activities of daily living such as light household duties, shopping for groceries, grooming and cooking with use of medication. Functioning was not documented with a numerical scale or validated instrument. There is a lack of functional improvement 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 treatment is not established. The requested treatment is not medically necessary.