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| Case Number: | CM15-0169068 | | |
| Date Assigned: | 09/09/2015 | Date of Injury: | 06/10/2009 |
| Decision Date: | 10/30/2015 | UR Denial Date: | 08/18/2015 |
| Priority: | Standard | Application Received: | 08/27/2015 |

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 48 year old, female who sustained a work related injury on 6-10-09. The diagnoses have included internal derangement right knee, right shoulder tendinitis-tendinopathy-calcific tendinitis, complex regional pain syndrome right leg, right wrist pain and reactive depression. She is currently being treated for right shoulder, right knee and right wrist pain. Treatments in the past include extracorporeal shockwave treatments (ESWTs) to the left shoulder, physical therapy, injections to shoulder, home exercises, activity modification, nonsteroidal anti-inflammatory drugs (NSAIDs), oral medications and ice therapy. Current treatments include ESWTs, oral medications, use of a spinal cord stimulator and home exercises. Medications he is currently taking include: Tramadol, Naproxen, Pantoprazole, Cyclobenzaprine and Prozac. In the progress notes dated 7-21-15, the injured worker reports right shoulder pain which she rates an 8 out of 10. Right shoulder range of motion continues to decline. She is worried about adhesive capsulitis. She complains of right knee pain and rates this pain a 7 out of 10. She complains of over sensitivity in right knee. Spinal cord stimulator does decrease neuropathic pain. She does also complain of right wrist and hand pain and rates this pain a 3 out of 10. She attributes this to having to use a cane to walk. She states the Prozac does decrease reactive depression and anxiety. The medications at current dosages help to maintain activities of daily living. On physical exam, she has hyperalgesia of right knee. Range of motion is degrees and 100 degrees. She has an antalgic gait due to favoring left leg. She has diffuse tenderness in right shoulder. She has swelling of the right shoulder Right shoulder flexion is 100 degrees, abduction is 90 degrees, external rotation is 50 degrees and internal rotation is 40 degrees. There

have been no change in pain levels or functional improvement noted in past progress notes in the medical records. There is no urine drug screens included in the medical records. She is not working. The treatment plan includes continuing with ESWTs, interventional pain management, a follow-up with psychologist, to continue medications and for a urine toxicology screen. The Request for Authorization, dated 8-7-15, requests continued extracorporeal shockwave treatments, for medications and for a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 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. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Naproxen 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, the patient had prior use of NSAIDs with documentation of subjective improvement. However, there was no documentation of objective evidence of functional benefit from use of this medication. 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Proton Pump Inhibitors (PPIs).

Decision rationale: According to CA MTUS (2009), proton pump inhibitors, such as Protonix (Pantoprazole), are recommended for patients at risk for gastrointestinal events or taking NSAIDs with documented GI distress symptoms. There is no documentation indicating the patient has any GI symptoms or 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. In this case, there is no documentation indicating the patient has any GI symptoms or GI risk factors. In addition, Naproxen was not found to be medically necessary. Based on the available information provided for review, the medical necessity for Protonix has not been established. The requested medication is not medically necessary.

Flexeril 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is closely related to the tricyclic antidepressants. It is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. Guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, the available records show that the patient has not shown a documented objective functional improvement from prior Cyclobenzaprine use. In addition, there is no clinical indication presented for the chronic or indefinite use of this medication. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested medication is not medically necessary.

