

Case Number:	CM15-0185270		
Date Assigned:	09/25/2015	Date of Injury:	09/04/2012
Decision Date:	11/06/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/21/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 58 year old female with a date of injury on 09-04-2012. The injured worker is undergoing treatment for cervical facet syndrome, cervical discopathy, cervical radiculopathy, right shoulder tendinitis, impingement, full thickness rotator cuff tear and acromioclavicular joint degeneration, right knee sprain-strain with medial meniscal bucket handle tear with fragment per Magnetic Resonance Imaging scan, improved right elbow sprain-strain with medial epicondylitis. In a physician note dated 06-30-2015 the injured worker complains of moderate neck pain rated 4 out of 10 on the pain scale. She has constant headaches. Range of motion aggravates neck pain, which travels to her right and left upper extremities with numbness, tingling and a burning sensation. She also has low back pain. A bilateral C5-C6 and C6-C7 transfect epidural steroid injections are recommended, along with an IF unit trial. Oral medications were not addressed. A physician progress note dated 07-23-2015 documents the injured worker's pain is the same as the previous visit, and it is constant moderate burning, numbness and soreness present. Cervical range of motion is restricted. There is tenderness to palpation with muscle guarding over the paraspinal musculature and upper trapezius muscles, right greater than left. Sensation to pinprick and light touch is decreased in the bilateral C5-C6 and C7 dermatomes. She also has complaints of right shoulder pain and right knee pain. She has complaints of gastrointestinal upset and her blood pressure is elevated. She does not want to proceed with the transfacet epidural steroid injection at this time. She is discharged as permanent and stationary with this visit. Treatment to date has included diagnostic studies, medications, physical therapy, a home exercise program, and a psychiatric evaluation. She is working modified duties. Several documents within the submitted medical records are difficult to decipher. The Request for Authorization dated 07-23-2015 includes Motrin 800mg #90, Prilosec

20mg #30 and Ultram 50mg #120, random drug screen and Internal Medicine consultation. On 09-09-2015 Utilization Review non-certified the request for Motrin 800mg #90, Prilosec 20mg #30 and Ultram 50mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120: 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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. non-malignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Ultram (Tramadol) is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts, use and of drug screening with issues of abuse or addiction. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper is recommended. The submitted and reviewed records indicated the worker was experiencing pain in the neck that went into the arms with numbness and tingling, headaches, and lower back pain. The submitted recorded pain assessments that were most recent to the request contained few of the elements suggested by the Guidelines. There was no discussion detailing how this medication improved the worker's function, describing how often the medication was needed and used by the worker, exploring the potential negative side effects, or providing an individualized risk assessment. In the absence of such evidence, the current request for 120 tablets of Ultram (Tramadol) 50mg is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker.

Motrin 800mg #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), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Motrin (ibuprofen) is in the non-steroidal anti-inflammatory drugs (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs for use in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed records indicated the worker was experiencing pain in the neck that went into the arms with numbness and tingling, headaches, and lower back pain. The submitted recorded pain assessments that were most recent to the request contained few of the elements suggested by the Guidelines. There was no documentation describing how often this medication was needed or taken, how long the benefit lasted, the worker's gastrointestinal and heart risks or results of laboratory monitoring tests. The Guidelines stress the importance of on-going monitoring of both the benefits and risks of this medication, and long-term use carries increasing risks. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for ninety tablets of ibuprofen 800mg is not medically necessary.

Prilosec 20mg #30: 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: Prilosec (omeprazole) is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck that went into the arms with numbness and tingling, headaches, and lower back pain. There was no discussion in the submitted documentation that was most recent to the request reporting the worker had any of the above conditions, documenting the reasons the worker had an increased risk for gastrointestinal events and why a NSAID needed to be continued, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for thirty tablets of Prilosec (omeprazole) 20mg is not medically necessary.