

Case Number:	CM15-0188657		
Date Assigned:	09/30/2015	Date of Injury:	12/12/2014
Decision Date:	11/18/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/24/2015

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 63 year old male, who sustained an industrial injury on 12-12-2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical sprain, degeneration of cervical disc, status post right shoulder arthroscopy, bilateral shoulders osteoarthritis, left shoulder calcification, bilateral ulnar positive variance, right de Quervain's tenosynovitis, and left wrist sprain. On 8-10-2015, the injured worker reported her right shoulder 30% better post-surgery and continues to improve with increased range of motion (ROM), but still had weakness with overhead- pushing and pulling. The injured worker reported her left shoulder and bilateral wrist pain was still constant. The Primary Treating Physician's report dated 8-10-2015, noted the injured worker had finished her first course of physical therapy treatments for the right shoulder post-surgery, noting it helped with her rehab. The injured worker was noted to continue to take her medications which helped manage her pain. The injured worker's medications were listed as Ultram ER, Nalfon, Flexeril, and Protonix. The physical examination was noted to show the right shoulder with pain and tenderness at the inferior anterior aspect of the deltoid musculature, possible a neuroma, with positive apprehension. The injured worker received a cortisone injection. Prior treatments have included right shoulder surgery 36-24-2015, bilateral shoulder cortisone injections, physical therapy, and medications including previous Naprosyn and Tylenol #3, and current Ultram ER for pain, Nalfon for inflammation, Flexeril for spasm, and Protonix to protect the stomach and avoid gastrointestinal (GI) upset per the 5-26-2015 Primary Treating Physician's report. The Ultram ER, Nalfon, Flexeril, and Protonix were all noted to be prescribed since 4-28-2015. The treatment plan was

noted to include additional physical therapy treatments remaining temporarily totally disabled. The request for authorization was noted to have requested Ultram 150mg #30, Flexeril 7.5mg #90, and Protonix 20mg #60. The Utilization Review (UR) dated 8-28-2015, denied the requests for Ultram 150mg #30, Flexeril 7.5mg #90, and Protonix 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 150mg #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): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: Based on the 08/10/15 progress report provided by treating physician, the patient presents with right shoulder pain. The patient is status post status post right shoulder rotator cuff repair and decompression, 06/24/15. The request is for ULTRAM 150MG #30. RFA with the request not provided. Patient's diagnosis on 08/10/15 includes cervical sprain, cervical disc degeneration, bilateral shoulder osteoarthritis, left shoulder calcification, bilateral ulnar positive variance, right deQuervain's tenosynovitis, and left wrist sprain. Physical examination of the right shoulder on 08/10/15 revealed pain and tenderness at the inferior anterior aspect of the deltoid musculature, possible a neuroma; and positive apprehension. Treatment to date has included surgery, imaging studies, bilateral shoulder cortisone injections, physical therapy, home exercise program and medications. Patient's medications include Ultram ER, Nalfon, Flexeril, and Protonix. Patient may work modified duty, per 09/28/15 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 Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for 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. Ultram (Tramadol) has been included in patient's medications per progress reports dated 03/13/15, 08/18/15, and 09/08/15. It is not known when this medication was initiated. Given patient's postoperative status, this medication would appear to be indicated. However, treater has not stated how Ultram reduces pain and significantly

improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states, "Function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request 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).

Decision rationale: Based on the 08/10/15 progress report provided by treating physician, the patient presents with right shoulder pain. The patient is status post status post right shoulder rotator cuff repair and decompression, 06/24/15. The request is for FLEXERIL 7.5MG #90. RFA with the request not provided. Patient's diagnosis on 08/10/15 includes cervical sprain, cervical disc degeneration, bilateral shoulder osteoarthritis, left shoulder calcification, bilateral ulnar positive variance, right deQuevain's tenosynovitis, and left wrist sprain. Physical examination of the right shoulder on 08/10/15 revealed pain and tenderness at the inferior anterior aspect of the deltoid musculature, possible a neuroma; and positive apprehension. Treatment to date has included surgery, imaging studies, bilateral shoulder cortisone injections, physical therapy, home exercise program and medications. Patient's medications include Ultram ER, Nalfon, Flexeril, and Protonix. Patient may work modified duty, per 09/28/15 report. MTUS, Muscle relaxants for pain Section, pg 64 states that Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline)." This medication is not recommended to be used for longer than 2-3 weeks. MTUS, Cyclobenzaprine (Flexeril) Section, page 41 states: "Recommended as an option, using a short course of therapy." Flexeril (Cyclobenzaprine) has been included in patient's medications per progress reports dated 03/13/15, 08/18/15, and 09/08/15. It is not known when this medication was initiated. MTUS recommends Flexeril, only for a short period (no more than 2-3 weeks). The patient has been prescribed this medication at least since 03/13/15, and postoperatively after right shoulder rotator cuff repair and decompression on 06/24/15, which is more than 2 months from UR date of 08/28/15. The request for additional prescription of Flexeril would exceed guideline recommendations. Furthermore, the request for quantity 90 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Protonix 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 08/10/15 progress report provided by treating physician, the patient presents with right shoulder pain. The patient is status post status post right shoulder rotator cuff repair and decompression, 06/24/15. The request is for PROTONIX 20MG #60. RFA with the request not provided. Patient's diagnosis on 08/10/15 includes cervical sprain, cervical disc degeneration, bilateral shoulder osteoarthritis, left shoulder calcification, bilateral ulnar positive variance, right deQuervain's tenosynovitis, and left wrist sprain. Physical examination of the right shoulder on 08/10/15 revealed pain and tenderness at the inferior anterior aspect of the deltoid musculature, possible a neuroma; and positive apprehension. Treatment to date has included surgery, imaging studies, bilateral shoulder cortisone injections, physical therapy, home exercise program and medications. Patient's medications include Ultram ER, Nalfon, Flexeril, and Protonix. Patient may work modified duty, per 09/28/15 report. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. Protonix (Pantoprazole) has been included in patient's medications per progress reports dated 03/13/15, 08/18/15, and 09/08/15. It is not known when this medication was initiated. Prophylactic use of PPI is indicated by MTUS, and the patient is on NSAID therapy. However, treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress reports do not show evidence of gastric problems, and there is no mention of GI issues. Furthermore, MTUS requires a record of pain and function when medications are used for chronic pain and physician monitoring. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.