

Case Number:	CM15-0189024		
Date Assigned:	10/01/2015	Date of Injury:	02/25/2013
Decision Date:	12/11/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/25/2015

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: California

Certification(s)/Specialty: Family Practice

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 is a 45 year old female with a date of injury on 2-25-13. A review of the medical records indicates that the injured worker is undergoing treatment for multiple orthopedic complaints. Progress report dated 8-20-15 reports right shoulder pain rated 8 out of 10, low back pain rated 6 out of 10, left and right knee pain rated 5 out of 10, right ankle pain rated 5 out of 10, neck pain and headaches rated 5 out of 10 and right hand and wrist pain rated 6 out of 10. The most limiting is her right shoulder. She reports medications help maintain activities of daily living such as light household chores, shopping, grooming and cooking. She states that without medication her activities of daily living are in jeopardy. She reports hydrocodone decreases the pain level by 4-5 points increasing her activity level, NSAIDS improve range of motion, and cyclobenzaprine decreases spasm for 4-6 hours and overall pain is reduced by 3-4 points. Objective findings: tenderness of the right shoulder diffusely, range of motion is decreased, positive impingement signs, there is swelling of the right shoulder and atrophy of the right deltoid. Treatments include: medications, physical therapy, home exercise, activity modification and injections. Electrodiagnostic studies have noted left lumbar radiculopathy. Request for authorization was made for Tramadol 150 mg quantity 60, Pantoprazole 20 mg quantity 90 and Cyclobenzaprine 7.5 mg quantity 90. Utilization review dated 9-17-15 modified the request to certify Tramadol 60 mg quantity 45 and non-certified Pantoprazole and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg quantity 60: Overturned

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, specific drug list, Opioids for chronic pain.

Decision rationale: According to the MTUS guidelines, Tramadol is a synthetic opioid and is an emerging fourth class of opiate analgesic that may be used to treat chronic pain. The MTUS guidelines state that small class of synthetic opioids exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. The maximum dosing of Tramadol is 400 mg/day. The MTUS guidelines note that opioids may be improved if there is improvement in pain and function. In this case, efficacy and functional improvement is noted with the utilization of Tramadol and there is no evidence of abuse or diversion. The request for Tramadol 150mg quantity 60 is medically necessary and appropriate.

Pantoprazole 20mg quantity 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Proton Pump Inhibitors.

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) Pain Chapter/ proton pump inhibitors.

Decision rationale: According to the MTUS guidelines, proton pump inhibitors may be indicated for the following cases: (1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the injured worker is utilizing anti-inflammatory medication and has gastritis. The medical records note that the injured worker has failed first line proton pump inhibitors. However, it should be noted that proton pump inhibitors should be used with caution and long-term use is not supported. Per ODG, decisions to use PPIs long-term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia and cancer; and more recently adverse cardiovascular effects. The request for Pantoprazole 20mg quantity 90 is medically necessary and appropriate.

Cyclobenzaprine 7.5mg quantity 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: According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. References state that Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The guidelines also state that muscle relaxants are recommended for with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines state that efficacy of muscle relaxers appears to diminish over time, and prolonged use of some medications may lead to dependence. Chronic use of muscle relaxants is not supported per the MTUS guidelines. The request for Cyclobenzaprine 7.5mg quantity 90 is not medically necessary and appropriate.