

Case Number:	CM15-0189494		
Date Assigned:	10/02/2015	Date of Injury:	10/27/2002
Decision Date:	12/07/2015	UR Denial Date:	08/28/2015
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: Oregon
 Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 65 year old male, who sustained an industrial injury on 10-27-02. The injured worker is being treated for neck sprain, shoulder-arm sprain and elbow-forearm sprain. Treatment to date has included oral medications including Norco, Voltaren, Flexeril and Protonix. On 6-8-15 and 8-17-15, the injured worker complains of mid back posterior shoulder spasm which is relieved by Flexeril and history of gastritis relieved y Protonix. Work status is noted to be permanent and stationary. Documentation did not include relief from pain, duration of relief from pain or an abdominal exam. Physical exam performed on 6-8-15 and 8-17-15 revealed tenderness with decreased range of motion of left shoulder with spasm of left post scapular thoracic area and numbness and tingling of left hand. The treatment plan included refilling of Protonix 20mg #60 with 3 refills, Tramadol 50mg #60, Protonix 20mg #60 and Voltaren XR #60 with 3 refills. On 8-28-15 request for Protonix 20mg #60 with 3 refills, , Protonix 20mg #60 and Voltaren XR #60 with 3 refills were non-certified by utilization review and Tramadol 50mg #60 with 2 refills was modified to #60 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #90 per 08/17/15 order: 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: Per MTUS page 84: Cyclobenzaprine (Flexeril, Amrix, Fexmid TM, 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). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. MTUS supports only a short term treatment with Flexeril. The patient has been treated for a prolonged period of time with this medication. A recent pain assessment is not documented. MTUS does not support this medication. The request is not medically necessary.

Protonix 20mg #60 with 2 refills per 08/17/15 order: 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: MTUS (NSAIDs, GI symptoms & cardiovascular risk page 68) regarding the use of proton pump inhibitors (PPI) such as protonix, for prophylaxis use indicates that the following risk factors should be present, "(1) age > 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)." Documentation provided does not suggest that the patient has any of the noted risk factors noted above and the PPI is recommended non-certified. The patient does not have a history of anti-coagulation, previous reaction to NSAIDs or peptic ulcer disease. The patient is not older than 65, is not on steroids and is not on multiple or high dose NSAIDs. The guidelines do not support routine use of PPIs for patients taking NSAIDs. The request is not medically necessary.

Voltaren 100mg #60 with 2 refills per 08/17/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Diclofenac sodium (Voltaren, Voltaren-XR).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per MTUS page 67, NSAIDS: "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain." "Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen." Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. MTUS is clear that NSAIDS should only be used for a short period of time. The records document that the patient has been on NSAIDS for an extended period of time. The request exceeds MTUS guidelines and is not medically necessary.

Tramadol 50mg #60 with 2 refills per 08/17/15 order: 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, specific drug list.

Decision rationale: Per ACOEM, Initial Approaches to Treatment, page 47 and 48, OPIOIDS: Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects, which the clinician should describe to the patient before prescribing them. Poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence have been reported in up to 35% of patients. Patients should be informed of these potential side effects. Per MTUS page 113: Tramadol (Ultram) Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. MTUS does not support use of Ultram, and ACOEM supports only a short-term course of opiates. The patient has been on narcotic pain medication for an extended period of time. The request exceeds the guidelines and is not medically necessary.