

Case Number:	CM15-0192338		
Date Assigned:	10/06/2015	Date of Injury:	12/27/1999
Decision Date:	12/15/2015	UR Denial Date:	09/19/2015
Priority:	Standard	Application Received:	09/30/2015

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, Hawaii
 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:

This is a 53-year-old female with a date of industrial injury 12-27-1999. The medical records indicated the injured worker (IW) was treated for neck pain, history of C6-7 anterior cervical discectomy and fusion, persistent low back pain, unable to rule out left lumbar radiculopathy, cervical spondylosis and cervical degenerative disc disease. In the progress notes (9-10-15), the IW reported left shoulder and neck pain, radiating to the left arm and back pain radiating to the buttocks. She rated the pain 8 out of 10 without pain medication and 5 out of 10 with medications. She also reported nausea and gastric irritation as well as difficulty swallowing. Omeprazole was prescribed. The 8-5-15 notes indicated the pain in the back radiated to the bilateral inguinal areas, mainly the left side; she had no complaints of left shoulder pain. Medications included Flexeril, Ultram (since at least 2014), Motrin (since at least 2014) and Ativan (since at least 2014). It was documented the IW had not been dismissed from another medical practice for medication non-compliance or urine toxicology result. On examination (9-10-15 notes), there was tenderness over the left shoulder and the bilateral upper trapezius and cervical paraspinal muscles were tender and tight, more so on the left. Straight leg raise was negative bilaterally. Range of motion of the neck was 0-45 degrees flexion, 0-45 degrees extension and 0-70 degrees left and right rotation. Upper and lower extremity strength was 5 out of 5. Reflexes were 2+ and symmetrical. Sensation was decreased over the fingertip of the left index and middle finger and in the left S1 dermatome distribution. Treatments included left shoulder surgery (not helpful), cervical fusion (temporarily helpful), Gabapentin (caused sedation) and Botox injections (not consistently helpful). The 9-10-15 notes stated the CURES

report on 9-9-15 was consistent with one provider of opioids and the urine toxicology screen on 5-11-15 was noted to be consistent with prescribed medications, but taking Tramadol only as needed. The IW was permanent and stationary. A Request for Authorization dated 9-16-15 was received for Motrin 800mg, #90 with one refill, Ultram 50mg, #100, Ativan 1mg, #30 with one refill and Prilosec 20mg, #60. The Utilization Review on 9-19-15 non-certified the request for Motrin 800mg, #90 with one refill and Prilosec 20mg, #60 and modified the request for Ultram 50mg, #100 and Ativan 1mg, #30 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800 mg Qty 90 with 1 refill: Overturned

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

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

Decision rationale: The patient presents status post cervical fusion at C6/7 in 2001. She has a current complaint of left shoulder pain and neck pain with pain radiating into the left arm and lower back pain that radiates into the buttocks. The current request is for Motrin 800mg Qty 90 with 1 refill. The treating physician report dated 9/10/15 (9b) states, the pain is graded 8/10 without the pain medication and 5/10 with the pain medication. She reports nausea and gastric irritation, likely from ibuprofen use. It is stated that the pain medications decrease her pain and allow her to function on a daily basis to perform ADLs. The MTUS guidelines pg22 does recommend NSAIDs, Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In this case, the treating physician has documented that the patient is stable on her current medications and that she does have decreased pain and increased function with this medication usage. The current request is medically necessary.

Ultram 50 mg Qty 100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The patient presents status post cervical fusion at C6/7 in 2001. She has a current complaint of left shoulder pain and neck pain with pain radiating into the left arm and lower back pain that radiates into the buttocks. The current request is for Ultram 50mg Qty 100. The treating physician report dated 9/10/15 (9b) states, the pain is graded 8/10 without the pain medication and 5/10 with the pain medication. She reports nausea and gastric irritation, likely from ibuprofen use. It is stated that the pain medications decrease her pain and allow her to

function on a daily basis to perform ADLs. There are no adverse reactions reported, CURES report dated 9/9/15 is consistent. There is an opioid agreement on file. For chronic opiate use, MTUS Guidelines 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 page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, the treating physician has documented the 4 A's as required by MTUS and has provided information to support the ongoing usage of Ultram. The current request is medically necessary.

Ativan 1 mg Qty 30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The patient presents status post cervical fusion at C6/7 in 2001. She has a current complaint of left shoulder pain and neck pain with pain radiating into the left arm and lower back pain that radiates into the buttocks. The current request is for Ativan 1mg Qty 30 with 1 refill. The treating physician report dated 9/10/15 (9b) states, the pain is graded 8/10 without the pain medication and 5/10 with the pain medication. She reports nausea and gastric irritation, likely from ibuprofen use. It is stated that the pain medications decrease her pain and allow her to function on a daily basis to perform ADLs. MTUS page 24 states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. In this case, the treating physician states, I will also keep her on lorazepam 1mg qhs for anxiety and to help her sleep. She was given a prescription for #30 tablets with one refill. The MTUS guidelines do not support Ativan for longer than 4 weeks and this medication has been prescribed for long term usage. The current request is not medically necessary.

Prilosec 20 mg Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The patient presents status post cervical fusion at C6/7 in 2001. She has a current complaint of upset stomach, left shoulder pain and neck pain with pain radiating into the left arm and lower back pain that radiates into the buttocks. The current request is for Prilosec 20mg Qty 60. The treating physician report dated 9/10/15 (9b) states, the pain is graded 8/10 without the pain medication and 5/10 with the pain medication. She reports nausea and gastric

irritation, likely from ibuprofen use. The MTUS Chronic Pain Medical Treatment Guidelines Pg 68-69 under NSAIDs, GI symptoms & cardiovascular risk, for Treatment of dyspepsia secondary to NSAID therapy states: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. Also determine if the patient is at risk for gastrointestinal events: 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. In this case, the treating physician has documented that the patient suffers with gastric irritation following long-term usage of NSAIDs. The current request is medically necessary.