

Case Number:	CM15-0195862		
Date Assigned:	10/09/2015	Date of Injury:	04/07/2014
Decision Date:	11/25/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/05/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 37 year old male, who sustained an industrial injury on April 7, 2014. He reported left shoulder, jaw, neck and low back pain. The injured worker was currently diagnosed as having lumbago, encounter for long-term use of other medications and facet syndrome. Treatment to date has included medications, functional restoration program and diagnostic studies. On July 29, 2015, the injured worker complained of sharp pain in bilateral TMJ exacerbated by chewing. The pain was rated as a 4 on a 1-10 pain scale. He reported left sided neck and shoulder pain aggravated by turning his head. He reported ongoing pain across his back rated an 8 on a 1-10 pain scale. This pain is aggravated by twisting. He feels his leg will give out at times or is unstable. He can walk for 30 minutes but then requires a break. Physical examination of the lumbar spine revealed positive lumbar facet loading on both sides. Left shoulder movements were restricted with abduction limited to 95 degrees due to pain, passive elevation limited to 110 degrees, active elevation limited to 120 degrees, internal rotation behind body limited to 80 degrees and external rotation limited to 85 degrees due to pain. Empty Cans test, Lift-off test and drop arm test were all positive. Tenderness on palpation was noted in the suprascapular area. Positive dystonia was noted in the left masseter muscle and positive Tinel's was noted over the left suprascapular nerve. The treatment plan included medications. On September 14, 2015, utilization review denied a request for six additional sessions of functional restoration program. A request for Tramadol Hcl 50mg #60 was modified to Tramadol Hcl 50mg #17. A request for Naproxen 500mg #60 with two refills was modified to Naproxen 500mg #60. A request for Ranitidine 300mg #30 with two refills was modified to Ranitidine 300mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hydrochloride 50mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain; last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. In this case, it is not clear what other medications/opiates have (or have not) been tried. Tramadol is not recommended as a first-line oral analgesic. Medical necessity for the requested medication has not been established. The requested treatment with Tramadol is not medically necessary.

Naproxen 500mg quantity 60 with two refills: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Naproxen (Aleve or Naprosyn) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient has ongoing pain in the neck, lower back, left shoulder, left upper extremity, and left jaw. He is also to be weaned off of Tramadol therapy. There is documentation of subjective or objective benefit from use of this medication. Medical necessity of the requested medication has been established. The requested medication is medically necessary.

Ranitidine 300mg quantity 30 with two refills: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Ranitidine (Zantac).

Decision rationale: Zantac (Ranitidine) is a histamine blocker and antacid used to treat peptic ulcers, gastritis and gastroesophageal reflux (GERD). Zantac works by blocking the effects of histamine on the receptor site known as H2. Proton Pump Inhibitors (PPI's) are prescribed to both prevent and treat ulcers in the duodenum and the stomach. In most trials, the PPIs have proved to be superior to the H2 blockers. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. In this case, there is documentation of dyspepsia and abdominal pain with NSAID therapy. Based on the available information provided for review, the medical necessity for Zantac has been established. The requested medication is medically necessary.

6 additional sessions of functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs), Functional restoration programs (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional Restoration Program, Chronic pain programs (functional restoration programs).

Decision rationale: According to the CA MTUS and the ODG, functional restoration programs (FRPs) are recommended for selected patients with chronic disabling pain, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs, are geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, it is unclear if the patient has had an adequate and thorough evaluation prior to entering an FRP. This patient continues to have pain despite conservative treatment, injections, and medications. There is no indication that the patient has a significant loss of ability to function independently resulting from his chronic pain conditions. Medical necessity for the requested program has not been established. The requested functional restoration program is not medically necessary.