

Case Number:	CM15-0205652		
Date Assigned:	10/22/2015	Date of Injury:	06/23/2014
Decision Date:	12/28/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/19/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 48 year old male who sustained an industrial injury June 23, 2014. Past treatment included pain medication, non-steroidal anti-inflammatory drugs, failed physical therapy (unspecified), ice, home exercise, activity modification, and Depo-Medrol and Marcaine injection into the subacromial space May 8, 2015 and July 16, 2015 with benefit (unspecified). Diagnoses are documented as right shoulder impingement syndrome with rotator cuff tendinopathy, failing conservative management. According to a primary treating physician's progress report dated September 10, 2015, the injured worker presented with complaints of resumed right shoulder pain and significant limited range of motion and pain in the right shoulder. The physician documented that past shoulder injections provided only temporary relief. Physical examination of the right shoulder revealed; abduction to 70 degrees, forward flexion to 60 degrees, external rotation to 70 degrees; impingement signs are positive Hawkin's and Neer's testing. The physician documented the injured workers options are to live with this versus proceeding with arthroscopic subacromial decompression. At issue is the request for authorization for Anaprox, Keflex, Norco, and Tramadol (since at least April 9, 2015) or Tramadol HCL Extended Release. The treating physician documented June 13, 2015; he anticipated a thorough review of toxicology results on follow-up. The follow-up visit dated July 16, 2015, provided no toxicology documentation. There are no toxicology reports in the present medical record available for review. According to utilization review dated October 8, 2015, the requests for 60 Tablets of Norco 10-325mg, 60 Tablets of Anaprox 550mg, 60 Tablets of

Tramadol 50mg or Tramadol HCL Extended Release 150mg, and 28 Tablets of Keflex 500mg were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

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

Decision rationale: Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long term users of opioids should be regularly reassessed. In the maintenance phase the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected when this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. However a review of the injured workers medical records did not reveal pain or functional improvement with the use of Norco, ongoing management actions were also not noted, without this information medical necessity is not established , therefore the request for Norco 10/325mg #60 is not medically necessary.

Anaprox 550mg #60: Upheld

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

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

Decision rationale: Per the MTUS, NSAIDs are 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 moreveal documentation of derate 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. There is no evidence to recommend one drug in this class over another based on efficacy.

In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. A review of the injured worker medical records do not reveal documentation of pain or functional improvement with the use of this medication, without this information medical necessity is not established, therefore the request for Anaprox 550mg #60 is not medically necessary.

Tramadol 50mg #60 or Tramadol HCL ER 150mg #60: Upheld

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

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

Decision rationale: The MTUS states that tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Opioids are recommended for chronic pain, especially neuropathic pain that has not responded to first line recommendations like antidepressants and anticonvulsants. Long term users should be reassessed per specific guideline recommendations and the dose should not be lowered if it is working. Per the MTUS, Tramadol is indicated for moderate to severe pain. Unfortunately this request is not clear and therefore it is not possible to establish medical necessity therefore the request for Tramadol 50mg #60 or Tramadol HCL ER 150mg #60 is not medically necessary.

Keflex 500mg #28: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2015, Infectious Diseases.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Diseases / Cephalexin (Keflex) and Other Medical Treatment Guidelines UpToDate / Keflex (Cephalexin).

Decision rationale: The MTUS / ACOEM did not address the use of keflex, therefore other guidelines were consulted. Per UpToDate Keflex is a second generation cephalosporin which per the ODG is recommended as first-line treatment for cellulitis and other conditions. For outpatients with non-purulent cellulitis, empirical treatment for infection due to beta-hemolytic streptococci and methicillin-sensitive *S. aureus*, cephalexin 500 mg QID is recommended, as well for penicillin allergic that can tolerate cephalosporins. However a review of the injured workers medical records that are provided for my review did not reveal a rationale for the use of

this medication in the injured worker, without this information it is not possible to establish medical necessity, therefore the request for Keflex 500mg #28 is not medically necessary.