

Case Number:	CM15-0206192		
Date Assigned:	10/23/2015	Date of Injury:	01/16/2015
Decision Date:	12/31/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/20/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 43 year old male, who sustained an industrial injury on January 16, 2015. The initial symptoms reported by the injured worker are neck and muscle pain. The injured worker was currently diagnosed as having cervical myofascial pain, left periscapular pain and cervical paraspinal trigger points. Treatments to date has included home exercise, failed chiropractic treatments and medications. On September 14, 2015, the injured worker complained of cervical pain with left scapular pain rated as a 6 on a 1-10 pain scale. His medications at current dosing were noted to facilitate maintenance of activities of daily living. Tramadol was noted to facilitate an average five point diminution in somatic pain and improve range of motion. Notes stated his activities of daily living were decreased prior to tramadol ER at current dosing. Tramadol ER facilitated elimination of Schedule 2 IR opioid narcotic analgesic medication from the opioid regimen. Prior to tramadol ER, consumption of IR drug at times was noted to be up to or greater than five time per day. NSAIDs were reported to facilitate improved range of motion and decrease the achy pain by an additional three point average. Cyclobenzaprine decreases spasm for approximately 4-6 hours, facilitating marked improvement in range of motion, tolerance to exercise and decreased in overall pain level an average of 3-4 points on the 1-10 pain scale. Notes stated that there was no gastrointestinal upset reported with the current proton pump inhibitor dose. The treatment plan included shockwave therapy, naproxen sodium, pantoprazole, cyclobenzaprine, tramadol, Cymbalta, DNA-genetic testing, urine toxicology testing and a follow-up visit. On October 9, 2015, utilization review denied a request for tramadol 150mg #60, naproxen 550mg #90, pantoprazole 20mg #90, cyclobenzaprine

7.5mg #60, genetic testing to rule out metabolic pathway deficiency, retrospective urine toxicology screen, retrospective naproxen sodium 550mg #90, retrospective pantoprazole 20mg #90 and retrospective cyclobenzaprine 7.5mg #90. A request for Cymbalta 30mg #60-90 was modified to Cymbalta 30mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute, Treatment in Workers Compensation (TWC), 7th Edition, 2011 Tramadol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when standard treatments with NSAIDs, non opioid co-analgesics and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The records indicate that the patient is compliant with the use of Tramadol. There is documentation of efficacy and functional restoration without adverse medication effect or aberrant behavior. The records show that the patient was utilizing less morphine equivalent opioid dosage after opioid rotation from immediate release opioids to extended release Tramadol. The criteria for the use of Tramadol 150mg #60 was met. The request is medically necessary.

Naproxen 550mg #90: 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): Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal

complications. The guidelines recommend that the use of NSAIDs be limited to the lowest possible dose for the shortest duration to minimize the development of complications. The records show that the patient reported efficacy and functional restoration with utilization of the Naproxen. There is no report of adverse medication effect. The criteria for Retroactive use of Naproxen Sodium 550mg #90 was met. The request is medically necessary.

Pantoprazole 20mg #90: 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): Medications for chronic pain, NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs Proton Pump Inhibitors.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal disease. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complications. The guidelines recommend that the dose of NSAIDs be limited to the lowest possible dosage to decrease the incidence of NSAIDs complications. The records indicate that the patient is utilizing the pantoprazole to prevent NSAIDs induced gastritis. There is documentation of compliance and medication efficacy with utilization of pantoprazole. The criteria for the use of Pantoprazole 20mg #90 was met. The request is medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Medications for chronic pain, Muscle relaxants (for pain), Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs, exercise and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids medications. The records indicate that the duration of utilization of cyclobenzaprine had exceeded the maximum period of 4 to 6 weeks recommended by the guidelines. The criteria for the use of cyclobenzaprine 7.5mg #60 was not met. The request is not medically necessary.

Cymbalta 30mg #60-90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SNRIs (serotonin noradrenaline reuptake inhibitors).

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta), Antidepressants for chronic pain, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress Antidepressant.

Decision rationale: The CA MTUS and the ODG guidelines recommend that antidepressants can be utilized for the treatment of neuropathic pain, chronic pain syndrome and depression associated with chronic pain. The records indicate that the patient is utilizing Cymbalta for the treatment of chronic pain syndrome and neuropathic pain. The records show that that the patient is compliant with utilization of Cymbalta. There is documentation of efficacy without adverse medication effect. The criteria for the use of Cymbalta 30mg #60- 90 (for 60mg daily) was met. The request is medically necessary.

Genetic testing to rule out metabolic pathway deficiency: 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); <http://www.odg-twc.com/odgtwc/pain.htm>, Genetic testing for opioid abuse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cytokine DNA Testing for Pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Genetic Testing.

Decision rationale: The CA MTUS and the ODG guidelines noted that genetic testing can be utilized for the evaluation of abnormal response to pain medication treatment. The result of genetic testing can be valuable in the choice of appropriate choices for opioid pain medication regimen. The records did not show documentation of metabolism of medications or response to pain medication treatment. There is no documentation of subjective or objective findings of metabolic deficiency disorders. The criteria for genetic testing to rule out metabolic pathway deficiency was not met. The request is not medically necessary.

Retro (DOS 9/14/15): Urine Toxicology Screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction, Chronic pain programs, opioids, Drug testing, Opioids, criteria for use, Opioids, long-term assessment, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids Urine Drug Screen.

Decision rationale: The CA MTUS and the ODG guidelines recommend the Urine Drug Screen (UDS) can be instituted at initiation of chronic opioid treatment and continued at random intervals to monitor compliance during treatment. The patient was noted to be on chronic opioid medications including previous use of short acting formulations. The records did not show the reports of report of random UDS or other compliance monitoring with CURES data reports. The criteria for the Retroactive Urine Toxicology Screen DOS 9/14/2015 was met. The request is medically necessary.

Retro (DOS 9/14/15): Naproxen Sodium 550mg #90: 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), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complications. The guidelines recommend that the use of NSAIDs be limited to the lowest possible dose for the shortest duration to minimized the development of complications. The records show that the patient reported efficacy and functional restoration with utilization of the Naproxen. There is no report of adverse medication effect. The criteria for Retroactive use of Naproxen Sodium 550mg #90 DOS 9/14/2015 was met. The request is medically necessary.

Retro (DOS 9/14/15): Pantoprazole 20mg #90: 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): Medications for chronic pain, NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs Proton Pump Inhibitors.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal disease. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complications. The guidelines recommend that the dose of NSAIDs be limited to the lowest possible dosage to decrease the incidence of NSAIDs complications. The records indicate that the patient is utilizing the pantoprazole to prevent NSAIDs induced gastritis. There is documentation of compliance and medication efficacy with utilization of

pantoprazole. The criteria for the Retroactive use of Pantoprazole 20mg #90 DOS 9/14/2015 was met. The request is medically necessary.

Retro (DOS 9/14/15): Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Medications for chronic pain, Muscle relaxants (for pain), Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs, exercise and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids medications. The records indicate that the duration of utilization of cyclobenzaprine had exceeded the maximum period of 4 to 6 weeks recommended by the guidelines. The criteria for the Retrospective use of cyclobenzaprine 7.5mg #90 DOS 9/14/2015 was not met. The request is not medically necessary.