

Case Number:	CM15-0207207		
Date Assigned:	10/26/2015	Date of Injury:	02/05/2014
Decision Date:	12/30/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/21/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 48 year old female with a date of injury on 02-05-2014. The injured worker is undergoing treatment for discogenic cervical condition with facet inflammation and radiculopathy, bilateral shoulder impingement left greater than right. Rotator cuff strain and biceps tendinitis and acute acromioclavicular joint inflammation on the left, lateral epicondylitis on the left and ulnar neuritis bilaterally. A physician progress note dated 06-16-2015 documents the injured worker has bilateral shoulder pain. Left shoulder pain is rated 10 out of 10 and right shoulder pain is rated 5 out of 10. In a progress note dated 07-24-2015, the injured worker has bilateral shoulder pain, neck and head pain. In a physician progress note dated 09-24-2015 the injured worker complains of pain in his neck and shoulders that is associated with tingling and numbness. A physician progress note dated 09-24-2015 documents the injured worker is undergoing 12 physical therapy sessions and is able to move her neck to the left side. On examination she has tenderness along the cervical paraspinal muscles, pain along the facets and pain with facet loading. She has continued pain and intermittent numbness and tingling. A Magnetic Resonance Imaging of the cervical spine is needed to evaluate the extent of disc herniation. Relafen caused burning in her lower leg and low back and was stopped. She is working full duty. Treatment to date has included diagnostic studies, medications, physical therapy, use of a Transcutaneous Electrical Nerve Stimulation unit, and trigger point injections. An undated and unofficial Magnetic Resonance Imaging of the left shoulder revealed distal supraspinatus tendinosis-tendinopathy. She reports no side effects from her medications. The Request for Authorization dated 09-24-2015 includes Aciphex 20 mg Qty 30, Consultation

referral to pain management, Qty 1, Flexeril 7.5 mg Qty 60 (since 03-27-2014), MRI (magnetic resonance imaging), cervical spine/ right and left shoulders, Qty 1, Naproxen 550 mg Qty 60 (since at least 06-16-2015), Tramadol ER 150 mg Qty 30 (since at least 06-16-2015), and Trazodone 50 mg Qty 60 (since at least 06-16-2015). On 09-30-2015 Utilization Review non-certified the request for Aciphex 20 mg Qty 30, Consultation referral to pain management, Qty 1, Flexeril 7.5 mg Qty 60, MRI (magnetic resonance imaging), cervical spine-right and left shoulders, Qty 1, Naproxen 550 mg Qty 60, Tramadol ER 150 mg Qty 30, and Trazodone 50 mg Qty 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), Cervical spine/ right and left shoulders, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Shoulder Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Shoulder Chapter, MRI Topic.

Decision rationale: Regarding the request for cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Similar guidelines are found regarding shoulder MRI in the ACOEM Practice Guidelines. Within the documentation available for review, there is no indication of any red flag diagnoses. The request for both the cervical and shoulder MRI is associated with a progress note dated 9/24/15 which documents intermittent tingling. However, a comprehensive neurologic exam including sensory, reflex, and motor testing is not available for review. Given this, the requested cervical and shoulder MRI is not medically necessary.

Consultation referral to pain management, Qty 1: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Assessment, and Shoulder Complaints 2004, Section(s): Initial Assessment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for referral to pain medicine/clinic consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available

for review, it appears the patient has continued significant pain and functional decline despite conservative treatments to date. The patient has had ongoing management with pain medications, physical therapy, and activity restriction but still has ongoing issues. Given this clinical picture, the request for consultation is medically necessary.

Tramadol ER 150 mg Qty 30: 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, criteria for use, Opioids, specific drug list.

Decision rationale: Tramadol is a centrally acting opioid agonist and also inhibits the reuptake of serotonin and norepinephrine. On July 2, 2014, the DEA published in the Federal Register the final rule placing tramadol into schedule IV of the Controlled Substances Act. This rule became effective on August 18, 2014. The CPMTG specifies that this is a second line agent for neuropathic pain. Given its opioid agonist activity, it is subject to the opioid criteria specified on pages 76-80 of the CPMTG. With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. This can include a reduction in work restrictions or significant gain in some aspect of the patient's activities. Furthermore, there was no discussion regarding possible aberrant drug-related behavior. There was no documentation of a signed opioid agreement, no indication that a periodic urine drug screen (UDS) was completed, and no recent CURES report was provided to confirm that the injured worker is only getting opioids from one practitioner. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although tramadol is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

Naproxen 550 mg Qty 60: Upheld

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: Naproxen is a non-steroidal anti-inflammatory drug (NSAID). The Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. For chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. In general, the guidelines state that 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 the submitted medical records, the treating physician does not document pain relief with the use of this medication. This information is necessary despite the fact that guidelines recommend this as a first line agent for musculoskeletal pain. Based on the guidelines and the documentation, the current request is not medically necessary.

Flexeril 7.5 mg Qty 60: Upheld

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

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

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the current request is not medically necessary.

Trazodone 50 mg Qty 60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter & Mental Illness and Stress Chapter, Insomnia Topics.

Decision rationale: Regarding the request for trazodone, this drug is a serotonin reuptake inhibitor and can be utilized for many indications. In the records, it is not apparent whether this drug is being utilized to address depression, pain, or insomnia. The California MTUS guidelines have general guidelines for the use of antidepressants for pain, but are silent regarding the use of trazodone for insomnia management. The ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. The guidelines further stipulate that failure of sleep disturbances to resolve in 7 to

10 days may indicate a psychiatric or medical illness. There is a recommendation for non-pharmacologic modalities to address insomnia including education on sleep hygiene. It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next day functioning. Within the documentation available for review, there is no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has response to the medication in question. Given this, the current request is not medically necessary.

AcipHex 20 mg Qty 30: Upheld

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 (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, PPI.

Decision rationale: Regarding the request for Aciphex (rabeprazole), the California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has failed first-line agents prior to initiating treatment with Aciphex (a 2nd line proton pump inhibitor). Given this, the current request is not medically necessary.