

Case Number:	CM15-0207260		
Date Assigned:	10/26/2015	Date of Injury:	08/09/2014
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 67 year old female, who sustained an industrial injury on 8-9-14. The injured worker was diagnosed as having cervical radiculopathy; cervical herniated nucleus pulposus; cervical stenosis; carpal tunnel syndrome. Treatment to date has included physical therapy; chiropractic therapy; right shoulder cortisone injection; medications. Currently, the PR-2 notes dated 9-4-15 indicated the injured worker presents for a follow-up of her neck pain. She is awaiting authorization of a cervical MRI and an extension of a previously authorized chiropractic therapy. She reports her neck pain has increased since her last visit and unsure of the cause for her increased pain. She says the pain is exacerbated by activity and carrying her purse on the right shoulder. She reports she has seen her PCP for her thyroid nodule and is being sent for an ultrasound. She was authorized for 8 visits of chiropractic therapy for the neck in January. The provider notes that the issue has been clarified and turns out she has had no chiropractic therapy but has had physical therapy for her neck. She has had 16 sessions of physical therapy with 30-40% relief temporarily. She has also has a right shoulder "CSI" that decreased her pain. She is a diabetic. She is currently taking Ultracet, Relafen, Prilosec and Flexeril with over-the-counter Motrin and Tylenol. She reports she sleep better with these medications and the provider documents "her pain is decreased from 7-8 out of 10 to a 3-4 out of 10 on the pain scale." She reports also using a topical cream to reduce pain and this allows her to take fewer medications. These medications have been prescribed per PR-2 notes dated 8-20-15, 8-3-15, 7-30-15, 7-22- 15,6-24-15 and 5-18-15. A Request for Authorization is dated 10-21-15. A Utilization Review letter is dated 9-30-15 and non-certification for Tramadol-APAP 37.5-

325mg #90; Omeprazole 20mg capsules #60; Nabumetone 750mg tablet #60; Cyclobenzaprine 7.5mg tablet #60. A request for authorization has been received for Tramadol-APAP 37.5-325mg #90; Omeprazole 20mg capsules #60; Nabumetone 750mg tablet #60; Cyclobenzaprine 7.5mg tablet #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Omeprazole 20mg capsules #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: Omeprazole is a proton pump inhibitor (PPI). The Chronic Pain Medical Treatment Guidelines recommend that if a patient is at intermediate risk for gastrointestinal events and has no cardiovascular disease, then a non-selective NSAID with a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) can be used. The following is used to determine if a 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 (e.g., NSAID + low-dose ASA)." The submitted documentation includes a progress note dated 5/21/15 in which there is a discussion of gastrointestinal upset due to the use of Relafen (NSAID). Because this NSAID is noted to be helping the patient, it is reasonable to use a proton pump inhibitor for this indication. This request is medically necessary.

Nabumetone 750mg tablet #60: Overtuned

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

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

Decision rationale: Regarding the request for this NSAID, 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. Within the documentation available for review, there is indication that this medication is providing analgesic benefits (although the percent pain reduction is noted in a progress note dated 5/21/15 to include a 50% reduction from the use of all medication). In more recent notes, it is noted that a different NSAID, naproxen, was utilized, but nonetheless the original request is medically necessary because it was helping the worker at the time of request.

Cyclobenzaprine 7.5mg tablet #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.