

Case Number:	CM15-0025584		
Date Assigned:	02/18/2015	Date of Injury:	01/14/2014
Decision Date:	04/07/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/10/2015

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 47 year old male sustained an industrial injury on 1/14/14, with subsequent ongoing back and lower extremity pain. Treatment included physical therapy, chiropractic therapy, psychiatric care and medications. In a PR-2 dated 1/9/15, the injured worker complained of ongoing right lower extremity discomfort and burning. Physical exam was remarkable for cervical spine with segmental motion dysfunction with irritation in the cervical spine with range of motion and radiating pain up the trapezius and right upper shoulder. Range of motion was globally restricted. Straight leg raise was positive on the right. Lumbar spine had tenderness to palpation with spasms. Current diagnoses included status post injury with rib contusions, right hip contusion, lumbar strain/sprain with radiculopathy in the right lower extremity, thoracic strain and cervical strain. The treatment plan included continuing chiropractic therapy, refilling Fenoprofen and adding Omeprazole and Tramadol and Gabapentin. The physician noted that the injured worker's pain increased when Tramadol and Gabapentin were previously discontinued. Over the counter medications failed to provide sufficient pain relief. On 1/16/15, Utilization Review noncertified a request for Fenoprofen 400mg #60, Tramadol 150mg #60, Gabapentin 600mg #60 and Omeprazole 20mg #60, citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen 400mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-69, 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22,60.

Decision rationale: Based on the 01/05/15 progress report provided by treating physician, the patient presents with back and lower extremity pain. The request is for FENOPROFEN 400MG #60. Patient's diagnosis on 01/05/15 included right hip contusion, left ribs contusion, lumbar strain/sprain with radiculopathy, thoracic back strain with spasm, cervical strain/sprain, and right carpal tunnel syndrome. The patient is continuing with chiropractic treatments, which are reported to being helpful and has had physical therapy. Patient's medications include Fenoprofen, Tramadol Omeprazole and Gabapentin. Per treater report dated 12/17/14, the patient works as a delivery truck driver and last worked 04/15/14. Current work status not available. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Fenoprofen has been included in patient's prescriptions per treater reports dated 10/03/14, 11/03/14, and 01/05/15. Per progress report dated 01/15/14, treater states NSAIDs provide "about 25% relief." Given patient's continued pain and documentation of benefit, the request for Fenoprofen appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

Tramadol 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 113.

Decision rationale: Based on the 01/05/15 progress report provided by treating physician, the patient presents with back and lower extremity pain. The request is for TRAMADOL 150MG #60. Patient's diagnosis on 01/05/15 included right hip contusion, left ribs contusion, lumbar strain/sprain with radiculopathy, thoracic back strain with spasm, cervical strain/sprain, and right carpal tunnel syndrome. The patient is continuing with chiropractic treatments, which are reported to being helpful and has had physical therapy. Patient's medications include Fenoprofen, Tramadol Omeprazole and Gabapentin. Per treater report dated 12/17/14, the patient works as a delivery truck driver and last worked 04/15/14. Current work status not

available. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol states: Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Tramadol has been included in patient's prescriptions per treater reports dated 10/03/14, 11/03/14, and 01/05/15. Per progress report dated 01/15/14, treater states Tramadol and Gabapentin were prescribed "since patient's pain level on VAS score shot up to 8.5/10 and the NSAIDs only provided 25% relief alone and he did previously achieve significant reduction in pain with these other medications. With the additional medications his VAS scale score drops from about 8/10 to about 4/10 and he is still functional, able to sleep and provide self care for himself." In this case, treater has addressed analgesia with numerical scales showing significant decrease in pain. However, treater has provided general statements in regards to functional improvement. There are no specific discussions pertaining to activities of daily living, adverse effects, aberrant behavior, etc. MTUS requires adequate discussion of the 4A's. There are no UDS's, opioid pain contract or CURES. No return to work or change in work status, either. Given lack of documentation as required by guidelines, the request IS NOT medically necessary.

Gabapentin 600mg #60: Overtuned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy drugs Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Gabapentin Page(s): 18-19.

Decision rationale: Based on the 01/05/15 progress report provided by treating physician, the patient presents with back and lower extremity pain. The request is for GABAPENTIN 600 MG #60. Patient's diagnosis on 01/05/15 included right hip contusion, left ribs contusion, lumbar strain/sprain with radiculopathy, thoracic back strain with spasm, cervical strain/sprain, and right carpal tunnel syndrome. The patient is continuing with chiropractic treatments, which are reported to being helpful and has had physical therapy. Patient's medications include Fenoprofen, Tramadol Omeprazole and Gabapentin. Per treater report dated 12/17/14, the patient works as a delivery truck driver and last worked 04/15/14. Current work status not available. MTUS has the following regarding Gabapentin on pg 18,19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Gabapentin has been included in patient's prescriptions per treater reports dated 10/03/14, 11/03/14, and 01/05/15. Per progress report dated 01/15/14, treater states Tramadol and Gabapentin were prescribed "since patient's pain level on VAS score shot up to 8.5/10 and the NSAIDs only provided 25% relief alone and he did previously achieve significant reduction in pain with these other medications. With the additional medications his VAS scale score drops from about 8/10 to about 4/10 and he is still functional, able to sleep and provide self

care for himself." Given patient's continued pain and documentation of benefit, the request for Gabapentin appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

Omeprazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk Page(s): 69.

Decision rationale: Based on the 01/05/15 progress report provided by treating physician, the patient presents with back and lower extremity pain. The request is for OMEPRAZOLE 20MG #60. Patient's diagnosis on 01/05/15 included right hip contusion, left ribs contusion, lumbar strain/sprain with radiculopathy, thoracic back strain with spasm, cervical strain/sprain, and right carpal tunnel syndrome. The patient is continuing with chiropractic treatments, which are reported to being helpful and has had physical therapy. Patient's medications include Fenoprofen, Tramadol Omeprazole and Gabapentin. Per treater report dated 12/17/14, the patient works as a delivery truck driver and last worked 04/15/14. Current work status not available. MTUS pg 69 states , "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the 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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per progress report dated 01/15/14, treater states "Pantoprazole was discontinued and we will replace with Omeprazole since the Pantoprazole caused diarrhea..." Per progress report dated 09/16/14, the patient is "positive for heartburn." Patient is on oral NSAID therapy, patient presents with GI issue and treater documented prior PPI caused diarrhea. Prophylactic use of PPI is indicated by MTUS. Therefore, the request for Prilosec IS medically necessary.