

Case Number:	CM15-0029178		
Date Assigned:	02/23/2015	Date of Injury:	09/30/2013
Decision Date:	04/24/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/17/2015

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 55 year old female, who sustained an industrial injury on September 30, 2013. She reported developing pain in the mid back and neck after being struck by a trolley operator. The injured worker was diagnosed as having cervical/lumbar discopathy, cervicgia, carpal tunnel/double crush syndrome, rule out internal derangement bilateral shoulders, internal derangement bilateral hips with degenerative joint disease right greater than left, rule out internal derangement bilateral knees, and bilateral plantar fasciitis. Treatment to date has included chiropractic treatments, home exercise program (HEP), physical therapy and pain management. Currently, the injured worker complains of persistent pain in her neck and back, with radiation of pain into the upper and lower extremities, bilateral hip pain, pain in both knees, and intermittent pain in the bilateral feet. The Primary Treating Physician's report dated January 8, 2015, noted the injured worker's symptoms were not improving despite exhaustion of physical therapy and the ongoing use of medications. Examination of the cervical spine was noted to show palpable paravertebral muscle tenderness with spasm, a positive axial loading compression test, and limited range of motion (ROM) due to pain. Shoulder examination showed tenderness around the anterior glenohumeral region and subacromial space, with Hawkin's and impingement signs positive. The lumbar spine examination was noted to show palpable paravertebral muscle tenderness with spasm, with pain and tenderness in the anterolateral region of the bilateral hips. Tenderness was noted in the anterior knee joint line space bilaterally, with crepitus with painful range of motion (ROM). Pain and tenderness was noted in the plantar aspect and the heels consistent with plantar fasciitis. The injured worker underwent an intramuscular injection of Vitamin B12 complex mixed with Marcaine and Toradol. The injured worker was scheduled to receive a lumbar epidural steroid injection (ESI)

later that day, noted to have exhausted all other modalities of treatment. The injured worker was noted to take appropriate pharmacological agents for symptomatic relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium (Nalfon) 400mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

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 moderate 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 workers medical records that are available to me reveal subjective and objective documentation of the injured workers pain and the use of an NSAID would be appropriate in the injured worker, therefore the request for Fenoprofen calcium (Nalfon) 400mg #120 is medically necessary.

Omeprazole delayed-release capsules 20mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Proton Pump Inhibitors (PPIs).

Decision rationale: Per the MTUS, Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors according to specific criteria listed in the MTUS and a selection should be made based on these criteria; 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). Per the ODG, PPI's are Recommended for patients at risk for gastrointestinal events. Prilosec (omeprazole), Prevacid (lansoprazole) and Nexium (esomeprazole magnesium) are PPIs. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. (Donnellan, 2010) In this RCT, omeprazole provided a statistically significantly greater acid control than lansoprazole. (Miner, 2010) In general, the use of a PPI should be limited to the recognized indications and

used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole had been recommended before prescription Nexium therapy (before it went OTC). The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011). A review of the injured workers medical records reveal that she has had long term use of multiple NSAID's and the prophylactic use of omeprazole delayed release capsules 20mg #120 is medically necessary.

Cyclobenzaprine Hydrochloride tablets 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole delayed-release capsules 20mg #120 Page(s): 41-42, 64.

Decision rationale: Regarding the request for cyclobenzaprine, the MTUS recommends a short course of this medication as an option in the management of chronic pain. The effect of cyclobenzaprine is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2-3 weeks. The patient does not appear to be a candidate for continued use of cyclobenzaprine. Continued use of cyclobenzaprine would not fall within guideline recommendations and would put the patient at increased risk for adverse effects. Therefore, the request for cyclobenzaprine 7.5mg #120 is not medically necessary.

Tramadol Hydrochloride ER 150mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Tramadol (Ultram) Page(s): 74-96, 113.

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 antidepressants and anticonvulsants. Long terms 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. A review of the injured workers medical records that are available to me show that she appears to be having a partial response to her medication regimen which includes Tramadol, Therefore based on the injured workers clinical

presentation and the guidelines the request for Tramadol Hydrochloride ER 150mg #90 is medically necessary.

Sumatriptan Succinate tablets 25mg #9 x 2: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Head Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head/Triptans.

Decision rationale: The MTUS/ACOEM did not specifically address the use of triptans and therefore other guidelines were consulted. Per the ODG, triptans are recommended in the treatment of migraine sufferers. A review of the injured workers medical records reveal that she suffers from cervicogenic migraines and therefore the request for Sumatriptan Succinate tablets 25mg #9 x 2 is medically necessary.