

Case Number:	CM15-0210143		
Date Assigned:	10/29/2015	Date of Injury:	08/19/2010
Decision Date:	12/30/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/26/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 51-year-old female, who sustained an industrial injury on 8-19-2010. The injured worker was being treated for joint pain elbow or upper arm and joint pain left shoulder. The injured worker (7-30-2015) reported ongoing left shoulder pain. The physical exam (7-30-2015) revealed severely restricted left shoulder abduction due to pain, moderate to severe tenderness over the left acromioclavicular joint and biceps tendon, and thoracic trapezius muscle spasm. The injured worker (8-27-2015) reported neck pain and ongoing left shoulder pain. The injured worker did not report any gastrointestinal symptoms. She rated her pain 5 out of 10 with medication. The physical exam (8-27-2015) revealed left shoulder moderate muscle spasm or tenderness over the anterior rotator cuff supraspinatus with tenderness and moderate tenderness over the left acromioclavicular joint and biceps tendon. The treating physician noted moderate muscle tenderness and spasm over the trapezius muscle, levator scapulae, and the left cervical paraspinal muscles. The treating physician noted suboccipital aponeurosis tenderness of the trapezius muscle. The injured worker (9-28-2015) reported ongoing left shoulder pain. The injured worker did not report any gastrointestinal symptoms. The injured worker reported her pain was rated 9 out of 10 on 9-28-2015. The treating physician noted there was an opioid contract between the injured worker and the treating physician. The physical exam (9-28-2015) revealed moderate to severe tenderness over the left acromioclavicular joint, anterior acromion, and biceps tendon. The treating physician noted pain with abduction of 60 degrees. There were no urine drug screens not included in the provided medical records. Treatment has included work modifications and medications including pain (Terocin since at least 7-2015), proton pump

inhibitor, (Omeprazole since at least 7-1015), and non-steroidal anti-inflammatory (Fenoprofen since at least 7-2015). Per the treating physician (9-8-2015 report), the injured worker is temporary totally disabled. On 10-1-2015, the requested treatments included Terocin patch, Ultram ER 150 mg, Butrans patch 5 mg, Fenoprofen 400 mg, and Omeprazole 20 mg. On 10-6-2015, the original utilization review non-certified requests for Terocin patch, Ultram ER 150 mg, Butrans patch 5 mg, Fenoprofen 400 mg, and Omeprazole 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, there is no documentation provided necessitating Terocin. This medication contains methyl salicylate, capsaicin, menthol, and lidocaine. The MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. In addition, a new alert from the FDA warns that topical over-the-counter (OTC) pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.

Ultram ER 150 mg Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the California MTUS, Tramadol ER (Ultram ER) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate

medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical records, there has been no documentation of the medication's analgesic effectiveness or functional improvement, and no clear documentation that the patient has responded to ongoing opioid therapy. Prescriptions for opioids, per the MTUS, should be for the shortest term possible. In this case, there is a request for Tramadol without documentation of a specified quantity or duration. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Butrans patch 5 mg Qty 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: Buprenorphine (Butrans) is a schedule-III controlled substance. Its mechanism of action is complex, involving four different opioid receptors at central and peripheral sites. It blocks effects of subsequently administered opioid agonists. It is recommended as an option for the treatment of chronic pain in selected patients (not first-line for all patients) including, patients with a hyperalgesic component to pain, patients with centrally mediated pain, and patients with neuropathic pain. In addition, Buprenorphine is recommended for treatment of opiate addiction. According to the CA MTUS guidelines, long term usage of opioids is discouraged unless there is "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no documentation of the severity and nature of the injured worker's pain, any discussion of side effects or evidence of monitoring for potential drug misuse or dependence. The submitted documentation showed no significant improvement in pain or functional status with the use of Buprenorphine. Therefore, the requested Buprenorphine is not medically necessary.

Fenoprofen 400 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Fenoprofen calcium (Nalfon) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. According to the California MTUS Guidelines, NSAIDs reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief and improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. Current evidence-based guidelines indicate that Fenoprofen is less effective and has greater side effects than Naproxen or Ibuprofen. Guidelines indicate that Fenoprofen should not be used unless there is a sound medical basis for not using a safer or more effective alternative NSAID. In this case, there was no rationale provided which explained the request for Fenoprofen. Medical necessity of the requested medication has not been established. The requested item is not medically necessary.

Omeprazole 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, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. There is no documentation indicating that this patient has had any GI symptoms or risk factors. In addition, the request for Fenoprofen has not been found to be medically necessary. The medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.