

Case Number:	CM15-0217735		
Date Assigned:	11/09/2015	Date of Injury:	04/07/2014
Decision Date:	12/29/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/05/2015

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:

The injured worker is a 37-year-old male who sustained an industrial injury on 4-7-2014. A review of medical records indicates the injured worker is being treated for lumbago and facet syndrome. Medical records dated 7-29-2015 noted left shoulder, jaw, neck, and low back pain rated 8 out of 10. TMJ was rated 4 out of 10 aggravated by chewing. Back pain was exacerbated by twisting with walking. Pain was slightly worse since the last visit. Physical examination noted lumbar facet loading was positive on both sides. Left shoulder movement were restricted with abduction limited to 95 degrees due to pain, passive elevation limited to 110 degrees, active elevation limited to 120 degrees, internal rotation 80 degrees, and external rotation 85 degrees. Treatment has included Tramadol, Ranitidine, and Naproxen since at least 5-27-2015. Utilization review dated 10-20-2015 noncertified Tramadol HCL 50mg #60, Ranitidine 300mg #30, and Naproxen 500mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Tramadol HCL 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain, Weaning of Medications.

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

Decision rationale: The patient presents with neck pain, left upper extremity pain and diffuse low back pain. Ongoing left sided jaw pain with TMJ. The request is for ONE (1) Prescription of Tramadol HCL 50MG #60. The request for authorization form is dated 07/29/15. Patient's diagnoses include lumbago; Encounter for long-term use of other medications; facet syndrome. Physical examination of the cervical spine reveals straightening of the spine with loss of normal cervical lordosis. Spurling's maneuver produces no pain in the neck musculature or radicular symptoms in the arm. Exam of lumbar spine reveals lumbar facet loading is positive on both the sides. Exam of left shoulder reveals movements are restricted. Empty Cans test is positive. Lift-off test is positive. Drop arm test is positive. On palpation, tenderness is noted in the suprascapular area. Positive dystonia left masseter muscle. Positive Tinel's over left suprascapular nerve. Per progress report dated 07/29/15, the patient is on modified work. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use Of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) 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. Treater does not specifically discuss this medication. Review of provided medical records show the patient was prescribed Tramadol on 07/01/15. MTUS requires appropriate discussion of the 4A's, however; treater does not discuss how Tramadol significantly improves patient's activities of daily living with specific examples. Analgesia is not discussed, specifically showing pain reduction with use of Tramadol. There is no documentation regarding adverse effects and aberrant drug behavior. A UDS dated 07/01/15 is provided for review. In this case, treater does not adequately discuss the 4A's as required by MTUS. Therefore, given the lack of documentation, the request is not medically necessary.

One (1) prescription of Ranitidine 300mg #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 rationale: Ongoing left sided jaw pain with TMJ. The request is for one (1) prescription of ranitidine 300MG #30. The request for authorization form is dated 07/29/15. Patient's diagnoses include lumbago; Encounter for long-term use of other medications; facet syndrome. Physical examination of the cervical spine reveals straightening of the spine with loss of normal cervical lordosis. Spurling's maneuver produces no pain in the neck musculature or radicular symptoms in the arm. Exam of lumbar spine reveals lumbar facet loading is positive on both the sides. Exam of left shoulder reveals movements are restricted. Empty Cans test is positive. Lift-off test is positive. Drop arm test is positive. On palpation, tenderness is noted in the suprascapular area. Positive dystonia left masseter muscle. Positive Tinel's over left suprascapular nerve. Per progress report dated 07/29/15, the patient is on modified work. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section 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." Treater does not specifically discuss this medication. In this case, the patient is prescribed Naproxen, an NSAID. Review of provided medical records show the patient was prescribed Ranitidine on 07/01/15. However, treater does not document GI assessment to warrant a prophylactic use of a PPI. Additionally, treater does not indicate how the patient is doing, what gastric complaints there are, and why he needs to continue. Therefore, the request is not medically necessary.

One (1) prescription of Naproxen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The patient presents with neck pain, left upper extremity pain and diffuse low back pain. Ongoing left sided jaw pain with TMJ. The request is for ONE (1) prescription of naproxen 500MG #60. The request for authorization form is dated 07/29/15. Patient's diagnoses include lumbago; Encounter for long-term use of other medications; facet syndrome. Physical examination of the cervical spine reveals straightening of the spine with loss of normal cervical lordosis. Spurling's maneuver produces no pain in the neck musculature or radicular symptoms in the arm. Exam of lumbar spine reveals lumbar facet loading is positive on both the sides. Exam of left shoulder reveals movements are restricted. Empty Cans test is positive. Lift-off test is positive. Drop arm test is positive. On palpation, tenderness is noted in the suprascapular area. Positive dystonia left masseter muscle. Positive Tinel's over left suprascapular nerve. Per progress report dated 07/29/15, the patient is on modified work. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 Anti-inflammatory medications section 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 pg60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not specifically discuss this medication. Review of provided medical records show the patient was prescribed Naproxen on 07/01/15. The patient continues with neck, shoulder, back and jaw pain. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. In this case, treater does not discuss or document functional improvement and the effect of pain relief with use of Naproxen. Therefore, the request is not medically necessary.