

Case Number:	CM15-0031408		
Date Assigned:	02/24/2015	Date of Injury:	08/04/2013
Decision Date:	04/16/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/19/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 58 year old, who sustained an industrial injury on August 4, 2013. The injured worker was diagnosed as having rotator cuff injury with repair, tendinosis, bursitis, cervical and thoracic myofascial pain, and reactive anxiety/depression. Treatment to date has included surgery, medication and Transcutaneous Electrical Nerve Stimulation (TENS) unit. Progress note dated January 29, 2015, the injured worker complains of left shoulder pain rated 7/10, cervical pain rated 5/10, thoracic pain rated 6/10 and low back pain rated 5/10. Physical exam notes a flat affect and shoulder tenderness. The plan includes continuing medication, Transcutaneous Electrical Nerve Stimulation (TENS) unit, magnetic resonance imaging (MRI) of cervical and thoracic spine, and physical therapy for left shoulder. On 2/6/2015, Utilization Review non-certified Tramadol ER 150 mg #60, Naproxen 550 mg #90, pantoprazole 20 mg #90, cyclobenzaprine 7.5 mg #90, and hydrocodone 10/325 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 1/3/15): Tramadol ER 150mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: The cited MTUS guidelines recommend short acting opioids, such as tramadol, for the control of chronic pain, and may be used for osteoarthritis pain that has not responded to first-line medications, such as NSAIDs or acetaminophen. Studies have shown that tramadol specifically decreased pain and symptoms for up to three months, but there is no recommendation for treatment beyond three months with osteoarthritic symptoms. In the case of nociceptive pain, opioids are the standard of care for moderate to severe pain. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's (IW) records have included documentation of the pain with and without medication, no significant adverse effects, pain contract on file, urine drug testing, and maintenance of activities of daily living. Of primary importance is an appropriate time frame for follow-up to reassess the 4 A's, which could include monthly intervals. The treating physician's note from 1/29/2015, indicated that the IW has had improved functioning and markedly decreased pain on medications. Recommend frequent reassessment (every 1-2 months) and begin weaning/tapering as mandated by the guidelines. The request for Tramadol ER 150 mg #60 times 2 is medically necessary.

Retro (DOS 1/3/15): Naproxen 550mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: Per the MTUS guidelines cited, NSAIDs (non-steroidal anti-inflammatory drugs) are recommended for acute exacerbations of chronic back pain, as a second-line treatment after acetaminophen. They are also recommended as an option for short-term symptomatic relief for exacerbations of chronic low back pain. For neuropathic pain, long-term evidence is inconsistent, but they may be useful to treat breakthrough pain. According to the treating physician's notes, the injured worker has had improved subjective function, decreased pain, and has been able to maintain activities of daily living. Therefore, the request for naproxen sodium 550 mg #90 is medically necessary and appropriate.

Retro(DOS 1/3/15): Pantoprazole 20mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the cited MTUS guidelines, a proton pump inhibitor (PPI), such as pantoprazole 20 mg, would be indicated in those started on a NSAID with an intermediate risk for gastrointestinal (GI) events and no cardiovascular disease. According to the most recent treating physician note 1/29/2015, the injured worker is on NSAIDs and does meet the criteria for being at risk for an intermediate GI event. The injured worker states that he has gastrointestinal upset on NSAIDs if not using a PPI. Therefore, the request for pantoprazole 20 mg #90 is medically necessary.

Retro(DOS 1/3/15): Cyclobenzaprine 7.5mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC); Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 41-42 and 64.

Decision rationale: Per the cited MTUS guideline, cyclobenzaprine is recommended only for a short course of treatment and is not recommended for chronic use. In general, the medication is not recommended for use beyond two to three weeks per treatment period, and may be most beneficial only in the first four days. Recent treating physician notes state the injured worker has had improvement in spasm with medications and subjective functional improvement. The IW had previously been advised for discontinuation of cyclobenzaprine, but has had no somnolence or lethargy, and symptoms are improved. Recommend weaning as directed. Based on the available medical records and guidelines cited, the request for cyclobenzaprine 7.5 mg #90 is medically necessary at this time.

Retro(DOS 1/3/15): Hydrocodone 10/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81 and 86-87.

Decision rationale: The cited MTUS guidelines recommend short acting opioids, such as hydrocodone, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's (IW) recent records have included documentation of breakthrough pain with and without medication, no significant adverse effects, pain contract on file, urine drug testing, subjective functional improvement, and continued performance of activities of daily living. Of primary importance is an appropriate time frame for follow-up to reassess the 4 A's, approximately every one to two months. Weaning of opioid should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Based on the

available medical information, hydrocodone 10/325 mg #60 is medically necessary and appropriate for ongoing pain management.