

Case Number:	CM15-0040902		
Date Assigned:	03/11/2015	Date of Injury:	09/30/2010
Decision Date:	04/22/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	03/04/2015

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 43-year-old female, who sustained an industrial injury on 09/30/2010. She reported pain in the cervical spine, bilateral shoulders, bilateral wrists, and lumbar spine. The injured worker was diagnosed as having cervical discopathy/radiculopathy; bilateral shoulder impingement; status post right carpal tunnel release; left carpal tunnel syndrome; and lumbar discopathy. Treatment to date has included medications, physical therapy, and surgical intervention. Medications have included Tramadol, Cyclobenzaprine, and Fenoprofen. A progress note from the treating provider, dated 01/06/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant neck pain with radiation into the upper extremities with numbness and tingling; associated migrainous headaches; constant pain in the bilateral shoulder, left greater than right; pain in the left and right wrists; and low back pain with radiation into the lower extremities. Objective findings included palpable cervical paravertebral muscle tenderness with spasm; dysesthesia at the C5-6 dermatome with tingling and numbness into the anterolateral shoulder, arm, forearm, and hand; bilateral shoulder tenderness with painful and limited range of motion and weakness of the left shoulder; tenderness over the volar aspect of the left and right wrists; and tenderness from the mid to distal lumbar spine segments. The treatment plan of care included physical therapy and the continuation of prescription medications. Request is being made for Fenoprofen calcium (Nalfon) 400 mg #120; Omeprazole 20 mg #120; Cyclobenzaprine Hydrochloride 7.5 mg #120; and Tramadol ER 150 mg #90.

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: Upheld

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

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

Decision rationale: The 44-year-old patient complains of cervical pain radiating to the upper extremities with numbness and tingling, bilateral shoulder pain, bilateral wrist pain, and lower back pain radiating to bilateral lower extremities, as per progress report dated 01/06/15. The request is for Fenoprofen Calcium (Nalfon) 400 mg # 120. There is no RFA for this case, and the patient's date of injury is 09/30/10. The pain is rated at 5-7/10, as per progress report dated 01/06/15. Diagnoses included cervical discopathy/radiculopathy, lumbar discopathy, bilateral shoulder impingement, and left carpal tunnel syndrome. The patient is status post right carpal tunnel release. The patient is working with restrictions, as per the same progress report. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, the use of Nalfon is not documented in any of the progress reports. A Request for Authorization form, dated 01/13/14, included the prescription for Naproxen "for inflammation and pain." The progress reports, however, do not document the duration of NSAID use or the reason for the switch from Naproxen to Nalfon. Additionally, the treating physician does not discuss the efficacy of the NSAIDs in terms of objective reduction in pain and improvement in function, as required by MTUS page 60. Hence, this request IS NOT medically necessary.

Omeprazole 20mg #120: Upheld

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

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

Decision rationale: The 44-year-old patient complains of cervical pain radiating to the upper extremities with numbness and tingling, bilateral shoulder pain, bilateral wrist pain, and lower back pain radiating to bilateral lower extremities, as per progress report dated 01/06/15. The request is for Omeprazole 20 mg # 120. There is no RFA for this case, and the patient's date of injury is 09/30/10. The pain is rated at 5-7/10, as per progress report dated 01/06/15. Diagnoses included cervical discopathy/radiculopathy, lumbar discopathy, bilateral shoulder impingement, and left carpal tunnel syndrome. The patient is status post right carpal tunnel release. The patient is working with restrictions, as per the same progress report. 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." In this case, Omeprazole is only documented in a Request for Authorization form dated 01/13/14. The treating physician is requesting the medication for GI symptoms because "The patient described a history of some epigastric pain and stomach upset while using NSAIDs in the past for chronic pain." Although the use of Omeprazole is reasonable due to the risk of GI symptoms, the request for NSAIDs has not been authorized in this case. Consequently, the request for Omeprazole IS NOT medically necessary as well.

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The 44-year-old patient complains of cervical pain radiating to the upper extremities with numbness and tingling, bilateral shoulder pain, bilateral wrist pain, and lower back pain radiating to bilateral lower extremities, as per progress report dated 01/06/15. The request is for Cyclobenzaprine 7.5 mg # 120. There is no RFA for this case, and the patient's date of injury is 09/30/10. The pain is rated at 5-7/10, as per progress report dated 01/06/15. Diagnoses included cervical discopathy/radiculopathy, lumbar discopathy, bilateral shoulder impingement, and left carpal tunnel syndrome. The patient is status post right carpal tunnel release. The patient is working with restrictions, as per the same progress report. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, Cyclobenzaprine is only documented in a Request for Authorization form dated 01/13/14. The treating physician is requesting the medication for "palpable muscle spasms noted during examination." The progress reports, however, do not document the duration of use and efficacy of Cyclobenzaprine. Additionally, MTUS recommends only short-term use of muscle relaxants. Hence, the request IS NOT medically necessary.

Tramadol ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: The 44-year-old patient complains of cervical pain radiating to the upper extremities with numbness and tingling, bilateral shoulder pain, bilateral wrist pain, and lower back pain radiating to bilateral lower extremities, as per progress report dated 01/06/15. The request is for Tramadol ER 150 mg # 90. There is no RFA for this case, and the patient's date of injury is 09/30/10. The pain is rated at 5-7/10, as per progress report dated 01/06/15. Diagnoses included cervical discopathy/radiculopathy, lumbar discopathy, bilateral shoulder impingement, and left carpal tunnel syndrome. The patient is status post right carpal tunnel release. The patient is working with restrictions, as per the same progress report. MTUS Guidelines 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 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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, Tramadol is only documented in a Request for Authorization form dated 01/13/14. The treating physician is requesting the medication for "acute severe pain." The physician, however, does not document reduction in pain in terms of change in pain scale nor does the treater use a validated scale to demonstrate an increase function due to Tramadol use. No UDS or CURES reports are available for review and the treater does not list the side effects associated with Tramadol in this patient. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.