

Case Number:	CM15-0063042		
Date Assigned:	04/08/2015	Date of Injury:	01/14/2014
Decision Date:	07/02/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/02/2015

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 (IW) is a 42-year-old male who sustained an industrial injury on 01/14/2014 due to a motor vehicle accident. Diagnoses include lumbar strain/sprain with radiculopathy in the right lower extremity, thoracic back strain with associated spasm and cervical strain/sprain. Treatments to date include pain medications, NSAIDs, psychiatric and psychological care, chiropractic and physical therapy. Diagnostic testing to date includes x-rays and an MRI dated 10/5/14 which showed a 2mm central disc protrusion at L5-S1 without nerve compression. According to the progress notes dated 2/5/15, the IW reported weakness in the dominant right hand and dropping things. Objective findings included segmental motion dysfunction of the upper extremities and radiating pain from the trapezius to the lateral right upper extremity. He also reported right lower extremity discomfort and burning. There was decreased range of motion of the lumbar spine with tenderness, spasms and guarding. Straight leg raise was positive on the right at 60 degrees of flexion. A request was made for Omeprazole 20mg, 30-day supply #60; Tramadol 150mg, 30-day supply #60; Gabapentin 600mg, 30-day supply #60 and Fenpropfen 400mg, 60-day supply #60 for reflux symptoms and pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg 30 day supply #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

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

Decision rationale: The patient presents on 02/05/15 with loss of strength in the right hand and reports frequently dropping objects secondary to grip weakness. The patient also complains of burning pain in the right lower extremity. The patient's date of injury is 01/14/14. Patient has no documented surgical history directed at this complaint. The request is for OMEPRAZOLE 20MG 30 DAY SUPPLY #60. The RFA was not provided. Physical examination dated 02/05/15 reveals tenderness to palpation of the subacromial fossa, segmental motion dysfunction in the upper extremities, radiating pain elicitation on examination of the right trapezius and the lateral aspect of the right upper shoulder. The provider also notes thoracolumbar muscle guarding, and positive straight leg raise on the right at 60 degrees, which elicits pain along the right L5 dermatomal distribution. The patient is currently prescribed Fenoprofen, Tramadol, Omeprazole, and Terocin patches. Diagnostic imaging included MRI of the lumbar spine dated 10/05/14, significant findings include: "No spinal canal stenosis, lateral recess stenosis, neural foraminal narrowing, or nerve root impingement in the lumbar spine..." Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regard to the prophylactic treatment with Omeprazole during oral NSAID therapy, the request is appropriate. This patient has been prescribed Omeprazole since at least 11/03/14, at which time the provider notes that this patient experiences acid reflux symptoms secondary to medications. Given this patient's history of gastric upset secondary to NSAID utilization, and the active prescription for Fenoprofen, the use of this medication is substantiated. The request IS medically necessary.

Tramadol 150mg 30 day supply #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use Page(s): 93-94; 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids (Long-Term Users of Opioids) Tramadol Page(s): 76-78, 88-89, 113.

Decision rationale: The patient presents on 02/05/15 with loss of strength in the right hand and reports frequently dropping objects secondary to grip weakness. The patient also complains of burning pain in the right lower extremity. The patient's date of injury is 01/14/14. Patient has no documented surgical history directed at this complaint. The request is for TRAMADOL 150MG 30 DAY SUPPLY #60. The RFA was not provided. Physical examination dated 02/05/15 reveals tenderness to palpation of the subacromial fossa, segmental motion dysfunction in the upper extremities, radiating pain elicitation on

examination of the right trapezius and the lateral aspect of the right upper shoulder. The provider also notes thoracolumbar muscle guarding, and positive straight leg raise on the right at 60 degrees, which elicits pain along the right L5 dermatomal distribution. The patient is currently prescribed Fenoprofen, Tramadol, Omeprazole, and Terocin patches. Diagnostic imaging included MRI of the lumbar spine dated 10/05/14, significant findings include: "No spinal canal stenosis, lateral recess stenosis, neural foraminal narrowing, or nerve root impingement in the lumbar spine..." Patient's current work status is not provided. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids: Therapeutic Trial of Opioids, 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 Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol states: "Tramadol 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." In regard to the continuation of Tramadol for this patient's chronic intractable pain, the request is appropriate. This patient has been prescribed Tramadol since at least 11/03/14. Progress report dated 02/05/15 documents a 50 percent reduction in this patient's pain levels attributed to Tramadol, and also states that the use of the medication allows the patient to sleep at night, perform self-care activities, and care for his family. There is documentation of a lack of aberrant behavior, and a urine drug screen toxicology report dated 03/05/15 was also consistent with this patient's prescribed medications. The records provide adequate documentation of the 4 A's to substantiate the continuation of Tramadol. The request IS medically necessary.

Gabapentin 600mg 30 day supply #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antiepilepsy drugs (AEDs) Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS Neurontin, Gabarone Page(s): 18-20.

Decision rationale: The patient presents on 02/05/15 with loss of strength in the right hand and reports frequently dropping objects secondary to grip weakness. The patient also complains of burning pain in the right lower extremity. The patient's date of injury is 01/14/14. Patient has no documented surgical history directed at this complaint. The request is for GABAPENTIN 600MG 30 DAY SUPPLY #60. The RFA was not provided. Physical examination dated 02/05/15 reveals tenderness to palpation of the subacromial fossa, segmental motion dysfunction in the upper extremities, radiating pain elicitation on examination of the right trapezius and the lateral aspect of the right upper shoulder. The provider also notes thoracolumbar muscle guarding, and positive straight leg raise on the right at 60 degrees, which elicits pain along the right L5 dermatomal distribution. The patient is currently prescribed Fenoprofen, Tramadol, Omeprazole, and Terocin patches. Diagnostic imaging included MRI of the lumbar spine dated 10/05/14, significant findings include: "No spinal canal stenosis, lateral recess stenosis, neural foraminal narrowing, or nerve root impingement in the lumbar spine..." Patient's current work status is not provided. MTUS has the following regarding Gabapentin on pg 18,19: "Gabapentin -Neurontin, Gabarone, generic available- has been shown to be effective for treatment of

diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." In regard to the continuation of Gabapentin for this patient's neuropathic pain, the request is appropriate. This patient has been prescribed Gabapentin since at least 11/03/14 for lower back pain, which radiates into the right lower extremity. The subsequent progress reports document a 40-50 percent reduction in this patient's pain attributed to medications, and progress note dated 02/05/15 mentions that Gabapentin is particularly useful in allowing this patient to sleep. Given this patient's neuropathic pain and the established efficacy of this medication, continuation is substantiated. The request IS medically necessary.

Fenoprofen 400mg 60 day supply #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptoms and cardiovascular risk Page(s): 67-68, 71.

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

Decision rationale: The patient presents on 02/05/15 with loss of strength in the right hand and reports frequently dropping objects secondary to grip weakness. The patient also complains of burning pain in the right lower extremity. The patient's date of injury is 01/14/14. Patient has no documented surgical history directed at this complaint. The request is for FENOPROFEN 400MG 60 DAY SUPPLY #60. The RFA was not provided. Physical examination dated 02/05/15 reveals tenderness to palpation of the subacromial fossa, segmental motion dysfunction in the upper extremities, radiating pain elicitation on examination of the right trapezius and the lateral aspect of the right upper shoulder. The provider also notes thoracolumbar muscle guarding, and positive straight leg raise on the right at 60 degrees, which elicits pain along the right L5 dermatomal distribution. The patient is currently prescribed Fenoprofen, Tramadol, Omeprazole, and Terocin patches. Diagnostic imaging included MRI of the lumbar spine dated 10/05/14, significant findings include: "No spinal canal stenosis, lateral recess stenosis, neural foraminal narrowing, or nerve root impingement in the lumbar spine..." Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications 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 non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In regard to the continuation of Fenoprofen, the request is appropriate. This patient has been prescribed Fenoprofen since 01/05/15, at which time the provider states that Fenoprofen is given following GI upset stemming from utilization of OTC NSAIDs. Progress note dated 02/05/15 notes a 50 percent reduction in this patient's pain attributed to medications, which include Fenoprofen. Given the conservative nature of this medication and established efficacy, continuation is substantiated. The request IS medically necessary.