

Case Number:	CM15-0082650		
Date Assigned:	05/05/2015	Date of Injury:	08/03/2012
Decision Date:	07/02/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/29/2015

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 54 year old male, who sustained an industrial injury on August 3, 2012. The mechanism of injury was a motor vehicle accident followed by an assault. The injured worker has been treated for low back, bilateral shoulder and headache complaints. The diagnoses have included lumbar spine strain, left shoulder tendinosis, left shoulder labral tear, cervical spine strain, headaches and right shoulder impingement syndrome. Treatment to date has included medications, radiological studies, injections, physical therapy and aquatic therapy. Current documentation dated March 18, 2015 notes that the injured worker had ongoing bilateral shoulder pain, greater on the left, low back pain and headaches. Examination of the lumbar spine revealed pain with range of motion. Examination of the lower extremities was normal. Examination of the left shoulder revealed reproducible tenderness over the acromioclavicular joint and the impingement maneuver was positive. Right shoulder examination revealed normal strength, normal stability and no local tenderness. The impingement maneuver was positive. Cervical spine examination revealed mild stiffness and range of motion produced vague shoulder pain. The injured worker was noted to have moderate problems with his activities of daily living. The treating physician's plan of care included a request for the medications Flexeril 10 mg # 90, Ultram 50 mg # 60, Naproxen 550 mg # 90 and Protonix 40 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) page(s): 63-65.

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

Decision rationale: Per the 04/13/15 report the requesting physician states that the patient presents with bilateral shoulder pain and lower back pain radiating into the bilateral lower extremities. The current request is for FLEXERIL 10 mg QTY 90. The 04/21/15 utilization review modified this request from #90 to #45. The RFA is not included. The report states the patient's work status is modified duty; however, it is unclear if the patient is currently working. MTUS guidelines page 64 states the following, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxant for pain page 63 state, "recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2 to 3 weeks for use of the medication. The reports provided for review state the patient's muscle spasms are decreased through the use of this medication. The MTUS guidelines recommend short term use of Cyclobenzaprine of no more than 2-3 weeks, and the treating physician notes that this was a continuing medication as of 03/11/15. Furthermore, the request for #90 does not suggest short-term use. The request IS NOT medically necessary.

Ultram 50 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS page(s): 76-78, 88-89.

Decision rationale: Per the 04/13/15 report the requesting physician states that the patient presents with bilateral shoulder pain and lower back pain radiating into the bilateral lower extremities. The current request is for ULTRAM 50mg QTY 60 Tramadol, an opioid analgesic. The 04/21/15 utilization review modified this request from #60 to #30. The RFA is not included. The report states the patient's work status is modified duty; however, it is unclear if the patient is currently working. 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. The reports provided for review show the patient has been prescribed this opioid since at least 02/11/15. The treating physician states on 04/13/15 that Tramadol improves the patient's pain from 9/10 to 6-7/10. The MTUS

guidelines require thorough documentation of functional improvements with opioid usage, and no significant ADLs are mentioned to show a significant change with use of this medication. Opiate management issues are not fully addressed. The treating physician notes that a UDS was run 02/11/15; however, the reports provided for review show no further discussion. The UDS is included for review and shows inconsistent results reported for Tramadol as it was a reported medication not detected. This inconsistency is not explained. Side effects of medication are discussed. In this case, there is not sufficient documentation of ADLs and Adverse behavior as required by the MTUS guidelines. The request IS NOT medically necessary.

Naproxen 550 mg Qty 90: Overturned

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

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

Decision rationale: Per the 04/13/15 report the requesting physician states that the patient presents with bilateral shoulder pain and lower back pain radiating into the bilateral lower extremities. The current request is for NAPROXEN 550mg QTY 90. The RFA is not included. The report states the patient's work status is modified duty; however, it is unclear if the patient is currently working. MTUS Anti-inflammatory medications page 22 state, "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." MTUS also states comprehensive clinical trials supports NSAIDS in lower back pain. The treating physician states that the patient requires NSAIDs for inflammation and that the patient's pain regimen, including Naproxen, Tramadol and Cyclobenzaprine decrease the patient's pain from 9/10 to 6-7/10. The patient has been prescribed this medication since 03/11/15 and has been using NSAIDs since before 02/11/15. In this case, Naproxen is indicated as a first line treatment for this patient's pain, and the treater explains how it helps the patient. The request IS medically necessary.

Protonix 40 mg Qty 30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the 04/13/15 report the requesting physician states that the patient presents with bilateral shoulder pain and lower back pain radiating into the bilateral lower extremities. The current request is for PROTONIX 40mg QTY 30 (1 PO QD) Pantoprazole, a PPI. The RFA is not included. The report states the patient's work status is modified duty; however, it is unclear if the patient is currently working. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal

events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "treatment of dyspepsia secondary to NSAID therapy: stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Pantoprazole is a PPI similar to omeprazole. The treating physician states the patient has developed GERD due to medications but requires NSAIDs for inflammation. The treater states GERD is decreased through use of Protonix, and the reports show the patient has been using NSAIDS since at least 02/11/15. In this case, GI issues are documented for this patient, the patient is prescribed an NSAID and the reports document that it helps the patient. The request IS medically necessary.