

Case Number:	CM15-0083095		
Date Assigned:	05/05/2015	Date of Injury:	07/18/2011
Decision Date:	06/30/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/30/2015

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 57 year old female, who sustained an industrial/work injury on 7/18/11. She reported initial complaints of back pain, bilateral shoulder pain, and neck pain. The injured worker was diagnosed as having lumbosacral/thoracic, cervical disc degeneration and adhesive capsulitis of shoulder. Treatment to date has included medication and diagnostics. MRI results were reported on 1/30/15 of the right shoulder that revealed progression of supraspinatus tendinosis, slight improvement in subscapularis tendinosis, more prominent synovitis to the acromioclavicular joint, redemonstration of posterior inferior labral tear, increased signal to the expected appearance of the superior sublabral foramen and concern is raised for a superior labral tear. Currently, the injured worker complains of ongoing back, shoulder, and neck pain along with depression due to chronic pain. Per the primary physician's progress report (PR-2) on 3/23/15, the injured worker was referred to an orthopedist for shoulder impingement and also a neurologist for the back pain and sciatica. Examination revealed reduced range of motion, mild tenderness to palpation over posterior muscles of neck; right shoulder reduced range of motion, lateral abduction to about 80 degrees, positive Hawkin's; and lumbar area has mild diffuse tenderness to palpation, anterior flexion to about 80 degrees. The requested treatments include Skelaxin, Nabumetone, Nortriptyline, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #60: Upheld

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 Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient presents with bilateral shoulder pain, cervical pain, mid-back and lower back pain. The request is for Skelaxin 800mg #60. Physical examination to the cervical spine on 03/23/15 revealed tenderness to palpation over the posterior muscles. Physical examination to the lumbar spine on 02/23/15 revealed tenderness to palpation over midline L5-S1 area. Patient's diagnosis, per 01/14/15 progress report include thoracic spine pain, low back pain, shoulder impinging syndrome, myalgia, lumbar radiculitis, unsp derangement joint, and chronic pain due to trauma. Per 03/23/15 progress report, patient's medications include Skelaxin, Tramadol, Nabumetone, and Nortriptyline. Patient's work status. per 03/23/15 progress report is no duty. 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 exacerbations 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." For skelaxin, MTUS p61 states, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by King Pharmaceuticals under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating." Treater has did not discussed the request. Skelaxin was prescribed to the patient on 03/23/15, per provided medical reports. MTUS recommends Skelaxin for short-term use and the current request for quantity 60 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

Nabumetone 500mg #90 with 3 refills: 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 anti-inflammatory medication Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents with bilateral shoulder pain, cervical pain, mid-back and lower back pain. The request is for nabumetone 500mg #90 with 3 refills. Physical examination to the cervical spine on 03/23/15 revealed tenderness to palpation over the posterior muscles. Physical examination to the lumbar spine on 02/23/15 revealed tenderness to palpation over midline L5-S1 area. Patient's diagnosis, per 01/14/15 progress report include thoracic spine pain, low back pain, shoulder impinging syndrome, myalgia, lumbar radiculitis, unsp derangement joint, and chronic pain due to trauma. Per 03/23/15 progress report, patient's medications include Skelaxin, Tramadol, Nabumetone, and Nortriptyline. Patient's work status.

per 03/23/15 progress report is no duty. MTUS Chronic Pain Medical Treatment Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first line treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. In this case, Nabumetone is only mentioned in progress report dated 03/23/15. None of the prior reports document the use of NSAIDs. Given the patient's condition, a trial of Nabumetone appears reasonable. Therefore, the request is reasonable, and is medically necessary.

Nortriptyline 25mg #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 Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: The patient presents with bilateral shoulder pain, cervical pain, mid-back and lower back pain. The request is for nortriptyline 25mg #30. Physical examination to the cervical spine on 03/23/15 revealed tenderness to palpation over the posterior muscles. Physical examination to the lumbar spine on 02/23/15 revealed tenderness to palpation over midline L5-S1 area. Patient's diagnosis, per 01/14/15 progress report include thoracic spine pain, low back pain, shoulder impinging syndrome, myalgia, lumbar radiculitis, unsp derangement joint, and chronic pain due to trauma. Per 03/23/15 progress report, patient's medications include Skelaxin, Tramadol, Nabumetone, and Nortriptyline. Patient's work status per 03/23/15 progress report is no duty. Regarding anti-depressants, MTUS Guidelines, page 13-15, Chronic Pain Medical Treatment Guidelines: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. In progress report dated 03/23/15, patient's diagnosis includes depressive disorder. The patient suffers from low back pain that radiates into left leg, sciatica distribution, with dysesthesia in the left foot. In this case, a prescription for Nortriptyline is first noted in progress report dated 03/25/15 and it appears that this medication is being initiated, as there are no records of a prior use. Given the patient's condition, the request appears to be reasonable. Therefore, it is medically necessary.

Tramadol 50mg #100 with 3 refills: Upheld

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
CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 76-78, 88-89, 113.

Decision rationale: The patient presents with bilateral shoulder pain, cervical pain, mid-back and lower back pain. The request is for tramadol 50mg #100 with 3 refills. Physical examination to the cervical spine on 03/23/15 revealed tenderness to palpation over the posterior muscles. Physical examination to the lumbar spine on 02/23/15 revealed tenderness to palpation over midline L5-S1 area. Patient's diagnosis, per 01/14/15 progress report include thoracic spine pain, low back pain, shoulder impinging syndrome, myalgia, lumbar radiculitis, unsp derangement joint, and chronic pain due to trauma. Per 03/23/15 progress report, patient's medications include Skelaxin, Tramadol, Nabumetone, and Nortriptyline. Patient's work status. per 03/23/15 progress report is no duty. 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 Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for 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. Patient has been prescribed Tramadol from 10/10/14 and 03/23/15. In this case, treater has not discussed how Tramadol decreases pain and significantly improves patient's activities of daily living. There are no UDS's, opioid pain agreement, or CURES reports addressing aberrant behavior; no discussions with specific adverse effects, ADL's, etc. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.