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| Case Number: | CM15-0085292 | | |
| Date Assigned: | 05/07/2015 | Date of Injury: | 03/13/2014 |
| Decision Date: | 06/09/2015 | UR Denial Date: | 04/24/2015 |
| Priority: | Standard | Application Received: | 05/04/2015 |

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 27-year-old female, who sustained an industrial injury on 3/13/2014. The mechanism of injury was not noted. The injured worker was diagnosed as having left carpal tunnel syndrome. Treatment to date has included conservative measures, including diagnostics, chiropractic, medications, transcutaneous electrical nerve stimulation unit, and splints. Currently, the injured worker complains of persistent left wrist pain, elbow pain, and shoulder pain. She previously had a cortisone injection (2-3 months relief) but now her pain was worse than previously. She had more pain than numbness and tingling in the wrists and fingers and developed pain in the elbow and shoulder, with overhead reaching and lifting. She was currently not working and was taking medication to be functional. Physical exam noted tenderness in the left wrist, along the carpal tunnel, with positive Tinel sign. She had tenderness along the medial, greater than lateral, epicondyle and left shoulder, rotator cuff, and biceps tendon. Positive impingement and Hawkins sign at the left shoulder were noted, along with decreased grip strength. Current medication use was not described and pain was not rated. The treatment plan included Ultracet for pain, Nalfon for inflammation, Protonix for upset stomach, Gabapentin for neuropathic pain, Naproxen for inflammation, and replacement transcutaneous electrical nerve stimulation unit. The progress report, dated 12/04/2014, noted that blood testing for kidney and liver function had not been completed. Electromyogram and nerve conduction studies of the upper extremities (2/25/2015) were normal. The use of Ultracet and Nalfon was noted since at least 10/2014. Urine drug screening was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen (Anaprox DS, Aleve) 550 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 74-96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: MTUS specifies four recommendations regarding NSAID use: 1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 2) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. 3) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. 4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The medical documents do not indicate that the patient is being treated for osteoarthritis. Additionally, the treating physician does not document failure of primary (Tylenol) treatment. The medical documents indicate the rationale for a prescription of naproxen is for inflammation. As such, the request for Naproxen (Anaprox DS, Aleve) 550 mg #60 is not medically necessary.

Ultracet (Tramadol/APAP) 37.5/325 mg #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 Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram).

Decision rationale: Ultracet is the brand name version of Tramadol and Tylenol. MTUS refers to Tramadol/Tylenol in the context of opioids usage for osteoarthritis "Short-term use: Recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when

there is evidence of moderate to severe pain. Also recommended for a trial if there is evidence of contraindications for use of first-line medications. Weak opioids should be considered at initiation of treatment with this class of drugs (such as Tramadol, Tramadol/acetaminophen, hydrocodone and codeine), and stronger opioids are only recommended for treatment of severe pain under exceptional circumstances (oxymorphone, oxycodone, hydromorphone, fentanyl, morphine sulfate)." MTUS states regarding tramadol "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. The previous reviewer modified the request and approved Ultracet (Tramadol/APAP) 37.5/325 mg #30 to allow for reassessment, obtaining a current urine drug screen, obtaining a current signed pain contract, and /or for weaning purposes. As such, the request for Ultracet (Tramadol/APAP) 37.5/325 mg #60 is not medically necessary.