MAXIMUS Federal Services

Case Number:	CM15-0086654		
Date Assigned:	05/08/2015	Date of Injury:	05/27/2010
Decision Date:	06/16/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/05/2015

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: Pennsylvania
Certification(s)/Specialty: Internal 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:

This 37-year-old female sustained an industrial injury to the neck on 5/27/10 due to cumulative trauma. The injured worker later developed left shoulder and upper extremity pain as a result of compensation. Diagnoses included discogenic cervical condition with facet inflammation and headaches, right shoulder impingement with rotator cuff strain and bicipital tendonitis and right wrist inflammation Magnetic resonance imaging cervical spine (10/14/14) showed disc degeneration at C5-6 and mild disc bulging to the left at C4-5. Magnetic resonance imaging right shoulder (11/26/12) was negative for internal derangement, labral tear or rotator cuff tear. Previous treatment included chiropractic therapy, massage, physical therapy, acupuncture, transcutaneous electrical nerve stimulation (TENS), injections and medications. An Agreed Medical Examination from May 2014 notes prescription of tramadol since 2010 and prescription of flexeril, naproxen, and protonix since 2013. Reports in 2014 and 2015 note ongoing neck and shoulder pain. In September 2014, it was noted that the injured worker was working; restrictions included avoidance of forceful pushing, pulling, and heavy lifting with the right upper extremity, and avoidance of repetitive neck flexion, rotation, and extension. Medications included ultram, flexeril, naproxen, and protonix. Norco was prescribed and elevated liver tests were discussed in October 2014. In January 2015, it was noted that the injured worker had developed hypertension for which her primary care doctor is working her up. Blood pressure was recorded at 166/115. Medications included Prilosec, naproxen, flexeril, norco, and tramadol. Social alcohol use was noted. It was noted that the injured worker was currently working. In February 2015, the treating physician documented that the injured worker

has slightly elevated liver function and that she had recently been put on blood pressure medication. Medications included Nexium, norco, flexeril, tramadol, and nalfon. At a visit dated 4/13/15, the injured worker complained of neck pain with radiation in the right arm associated with weakness and loss or range of motion, headaches and right shoulder muscle spasms and stiffness. The injured worker reported good relief for at least two days following recent cortisone injection. Objective findings included blood pressure 137/95. The treatment plan included medications (Norco, Tramadol ER, Flexeril, Prilosec for upset stomach, and Celebrex). It was noted that the injured worker was working as tolerated, with restrictions noted as avoidance of repetitive neck flexion, extension, rotation, overhead reaching, or forceful pushing, pulling, or lifting. On 4/24/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30 for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: This injured worker has chronic neck and shoulder pain. NSAIDS have been prescribed for 7 months and possibly for years. Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The MTUS does not specifically reference the use of NSAIDs for long-term treatment of chronic pain in other specific body parts. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDS are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. The MTUS notes that NSAIDS should be used with caution in patients with moderate hepatic impairment and are not recommended for patients with severe hepatic impairment. Borderline elevations of liver enzymes may occur in up to 15% of patients taking NSAIDS. NSAIDS may compromise renal function. Package inserts for NSAIDS recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests. Elevated liver enzymes were noted on two occasions and multiple elevated blood pressure readings were recorded; these findings were not addressed and NSAIDS were continued in spite of these findings. The MTUS states that COX-2 inhibitors (e.g. Celebrex) may be considered for patients with risk of gastrointestinal (GI) complications, and not for the majority of other patients. The documentation notes GI upset for which proton pump inhibitors were prescribed, but there was no other discussion of risk for GI complications. There was no documentation of functional improvement because of use of medication; the injured worker was noted to be working and restrictions were documented, with continuation of the same restrictions over the prior seven months. Due to length of use of

NSAIDs in excess of the guidelines, lack of functional improvement because of use of NSAIDS, lack of documentation of GI risk factors, and potential for toxicity, the request for celebrex is not medically necessary.

Tramadol 150mg #30 for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic neck and shoulder pain. Tramadol has been prescribed for at least seven months and possibly for years. Tramadol is a centrally acting synthetic opioid analgesic, which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. It may also produce life-threatening serotonin syndrome. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. No functional goals were discussed, an opioid contract was not discussed, and there was no documentation of random drug testing. It was documented that the injured worker was currently working. There was no documentation of functional improvement because of use of medication; the injured worker was noted to be working and restrictions were documented, with continuation of the same restrictions over the prior seven months. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, Tramadol does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Fexmid #60 for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fexmid (Cyclobenzaprine), Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine p. 41-42muscle relaxants p. 63-66 Page(s): 42-42, 63-66.

Decision rationale: This injured worker has chronic neck and shoulder pain. The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long-term use, not for a short period of use for acute pain. No reports show any specific and significant improvement in pain or function because of prescribing muscle relaxants. Per the MTUS chronic pain medical treatment guidelines, cyclobenzaprine (Flexeril, Fexmid, Amrix) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. Cyclobenzaprine has been prescribed for at least seven months and possibly for more than a year. The addition of cyclobenzaprine to other agents is not recommended; in this case, multiple other agents have been prescribed. Limited, mixed evidence does not allow for a recommendation for chronic use. Due to length of use in excess of the guidelines, and lack of functional improvement, the request for flexeril is not medically necessary.

Norco 10/325mg #60 for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic neck and shoulder pain. Norco has been prescribed for six months. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. No functional goals were discussed, an opioid contract was not discussed, and there was no documentation of random drug testing. It was documented that the injured worker was currently working. However, there was no documentation of functional improvement because of use of medication; the injured worker was noted to be working and restrictions were documented, with continuation of the same restrictions over the prior seven months. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four

domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.