

Case Number:	CM14-0168218		
Date Assigned:	10/15/2014	Date of Injury:	12/10/2011
Decision Date:	11/18/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/13/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47-year-old man who was injured December 10, 2011 due to progressive symptoms over a period of five to ten years from working as a drill and jackhammer operator. His injuries involved his neck, right shoulder, wrists, back, knees and feet. The May 30, 2014 evaluation revealed a strain of the cervical spine, lumbosacral spine, left knee, possible gout, and right rotator cuff injury. An electromyogram (EMG) dated June 2012 of the upper extremities was negative. Past medical and surgical history are significant for loss of the tip of the index finger in 2004, and surgery on the left hand with carpal tunnel release in 2012. He had a recent MRI of the right shoulder dated October 7, 2014. The report is still pending. MRI of the right knee was denied. A podiatrist referral will be requested for evaluation of the right foot due to tenderness at the first metacarpophalangeal (MCP) joint. He has full range of motion of the toe and ankle. Consultation on September 11, 2014 reported subjective complaints of pain at the right shoulder, left knee, low back, and neck. Pain is rated 5/10. He also complained of mild hearing loss. Reflexes of the lower extremity are 2+. Strength is 5/5 bilaterally. Patrick's is negative. Straight leg raise is negative. The IW is retired and reports that he has been quite physically active lately. He has 2 homes and a lot of acreage to take care of. He attributes his pain to his increased physical activity. The IW was prescribed naproxen, Omeprazole, and Ultracet on September 11, 2014. The treatment included a urine drug screen and physical therapy, which he has not started. There was no medical record documentation indicating prior medication usage. A follow-up note dated October 11, 2014 indicated that the IW is requesting a stronger dose of the Tramadol. The provider dispensed #200 of Tramadol 50mg stating that the IW can take 1 tablet 2 to 4 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for naproxen 550mg #60 DOS 9/11/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain; Non-Steroidal Anti-Inflammatory Drugs

Decision rationale: Pursuant to the Chronic Pain Medical Treatment guidelines, the retrospective request for Naproxen 550 mg #60 date of service September 11, 2014 is not medically necessary. The guidelines state non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Anti-inflammatories are traditionally a first line treatment and their purpose is to reduce pain selectivity so functional restoration can resume. Chronic pain treatment guidelines do not support the chronic use of non-steroidal anti-inflammatory drugs over aspirin. In this case, the injured worker had progressive symptoms over a 5 to 10 year period. His injuries included neck, right shoulder, wrist, back, knees and feet evaluation on May 30th of 2014 showed cervical spine strain, lumbar strain, left knee possible gout, and right rotator cuff injury. EMG was normal. Consult September 11, 2014 reported subjective complaints of pain and right shoulder, left knee and neck. It is unclear whether anti-inflammatories have been used long-term or short-term. As noted above, anti-inflammatories are meant to be used short-term. There is no clinical indication documented in the medical record as to why Naproxen was being continued. There is also no treatment plan. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, the retrospective request for Naproxen 550 mg #60 is not medically necessary.

Retrospective request for omeprazole 20mg #60 DOS 9/11/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs, GI and Cardiovascular Risk Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter

Decision rationale: Pursuant to the Chronic Pain Medical Treatment guidelines and the Official Disability Guidelines, the retrospective request for Omeprazole 20 mg #60, date of service September 11, 2014 is not medically necessary. According to the guidelines, Omeprazole is indicated if an injured worker is greater than 65, has gastrointestinal (G.I.) issues such as practical disease, G.I. bleeding, takes multiple non-steroidal anti-inflammatory drugs or high-dose anti-inflammatories and/or aspirin concurrently. In this case, the injured worker is 47 years old and has no co-morbid problems such as peptic ulcer disease, G.I. bleeding or high-dose steroid use. Based on the clinical information in the medical record and the peer-reviewed

evidence-based guidelines, retrospective omeprazole 20 mg #60 data service September 11, 2014 is not medically necessary.

UDS at next visit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Opiate Use Page(s): 76-78.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, the urine drug screen (UDS) to be performed at the next visit is not medically necessary. According to the guidelines, urine drug screening is recommended as an option to assess for the use or presence of illegal drugs. This may be included as a step before a therapeutic trial of opiates and for ongoing management. In this case, there was no documentation to support illegal or illicit drug use. The injured worker was taking Tramadol (that was known to the treating physician) with no documentation to support misuse. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the urine drug screen to be performed at the next visit is not medically necessary.

Retrospective request for ultracet 37.5/325mg #60 DOS 9/11/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiate Use Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Criteria for Opiate Use

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, the retrospective request for Ultracet 37.5/325 mg #6 is not medically necessary. The active ingredient in Ultracet is Tramadol, a centrally acting opiate narcotic. The guidelines require establishing a treatment plan prior to the start of opiate use. The guidelines state a therapeutic trial of opiates should not be employed until the patient has failed a trial of non-opiate analgesics. Satisfactory response may be indicated by the patient's decreased pain, increased level of function or improved quality of life. In this case, the consultation dated September 11, 2014 reported subjective complaints of low back pain, right knee pain, right foot pain, right neck pain, right shoulder pain, and left hand pain status post amputation of the distal interphalangeal joint index finger. It appears Ultracet was started on the September visit; however, it is unclear whether the injured worker has been on anti-inflammatories long-term and whether opiates have been provided long-term. The additional medical record progress notes do not provide any supplemental medication information. The guidelines state a therapeutic trial of opiates should not be employed until the patient has failed a trial of non-opiate analgesics. According the last progress note, however, the non-steroidal anti-inflammatories (NSAI) and Ultracet were started together. Based on the clinical information in the medical record in the

peer-reviewed evidence-based guidelines, the retrospective request for Ultracet 37.5/325 mg #60 is not medically necessary.