

Case Number:	CM14-0169084		
Date Assigned:	10/17/2014	Date of Injury:	05/02/2006
Decision Date:	11/18/2014	UR Denial Date:	09/09/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 is a 48 year-old female with a date of injury of May 2, 2006. The patient's industrially related diagnoses include bilateral shoulder impingement syndrome and AC joint synovitis, s/p cervical spine decompression and fusion, low back pain, herniated disc in the lumbar spine, radiculitis of the right lower extremity, s/p cubital tunnel release, and left and right wrist s/p carpal tunnel release. The disputed issues are prescriptions for Omeprazole 20mg #60, Tramadol ER 150mg #60, and Diclofenac XR 100mg #60. A utilization review determination on 9/9/2014 had denied these requests. The stated rationale for the denial of Diclofenac XR was: "The documentation failed to indicate if Diclofenac was providing sufficient symptomatic relief through long-term use. The documentation failed to provide the patient's response to the current pain medication regimen using a visual analog scale (CAS) score before and after medication use. Without supportive documentation of improved functional capacity and symptomatic relief, long-term use of the same medication would not be warranted." The stated rationale for the denial of Tramadol ER was: "The documentation failed to indicate continued symptomatic relief and improved functional capacity provided by long-term use. There is lack of documentation to indicate that any urine drug screens have been performed to rule out any aberrant drug related behaviors." Lastly, Omeprazole was denied because there was no documentation indicating that the patient had complaints of dyspepsia due to NSAID therapy and no significant risk factors for gastrointestinal event to warrant the use of a PPI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Omeprazole 20 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Omeprazole 20mg (Brand: Prilosec) is a proton pump inhibitor (PPI). The Chronic Pain Medical Treatment Guidelines recommend that if a patient is at intermediate risk for gastrointestinal events and has no cardiovascular disease, then a non-selective NSAID with a PPI can be used. The following is used to determine if a patient is at risk for gastrointestinal events: "1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." In the progress reports available for review, the treating physician prescribed Omeprazole 20mg to reduce NSAID gastritis prophylaxis. However, there was no further documentation that the injured worker has a history of gastritis with NSAID use or that she is taking high doses or multiple NSAIDs. There is no documentation indicating that the injured worker is at risk for gastrointestinal events. Omeprazole is not indicated simply because an NSAID is prescribed. Based on the guidelines, there is no indication for a PPI for her industrial injury. Therefore, Omeprazole 20mg QD is not medically necessary at this time.

Retrospective request for Tramadol ER 150 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80,94.

Decision rationale: Tramadol ER 150mg (Ultram ER) is a synthetic opioid affecting the central nervous system. As of July 2014, the DEA changed the classification of Tramadol to a schedule IV controlled substance. Since Tramadol is an opioid, it is subject to the ongoing monitoring requirements as stated in the Chronic Pain Medical Treatment Guidelines: "The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines go on to recommend discontinuing opioids if there is no documentation of improvement in function and pain.

In the case of this injured worker, there was insufficient documentation addressing the 4 A's for ongoing monitoring. Although the Utilization Review stated that there were no urine drug screens (UDS) to evaluate for aberrant behavior, there is documentation of urine drug screens done on 4/8/14 and 6/3/14 that were consistent with the medications prescribed. In the progress

reports available for review, the treating physician indicated that the injured worker received functional improvement and pain relief from her medications. However, there was no specific documentation to support that Tramadol provided pain relief in terms of percent pain reduction or reduction in numeric rating scale and no specific examples of functional improvement were documented. Additionally, adverse side effects with Tramadol use were not addressed. According to the guidelines, long-term use of opioids is not recommended if there is no overall improvement in function and pain. Due to a lack of adequate documentation regarding the use of this opioid, medical necessity cannot be established for Tramadol ER 150mg #60. This adverse recommendation does not imply abrupt cessation and the treating physician should either supply the requisite information or taper the patient as he or she sees fit.

Retrospective request for Diclofenac XR 100 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: Diclofenac XR 100mg is a non-steroidal anti-inflammatory drug (NSAID) that is used for the diagnosis of osteoarthritis. It is also used off-label for the management of moderate pain. The Chronic Pain Medical Treatment Guidelines recommend NSAIDs as an option for short-term symptomatic relief of chronic low back pain and may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) with neuropathic pain. The guidelines further recommend "that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals." In the progress reports available for review, the treating physician documented that this medication was prescribed for inflammation. While the treating physician indicated functional improvement and pain relief with the use of all the medications, there was insufficient documentation regarding how Diclofenac provided specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale) and examples of objective functional improvement. Additionally, Diclofenac has been used long-term and there is no documentation of objective functional improvement. Due to the lack of documentation, the request for Diclofenac XR 100mg is not medically necessary at this time.