

Case Number:	CM14-0094477		
Date Assigned:	07/25/2014	Date of Injury:	04/15/2008
Decision Date:	09/22/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/20/2014

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 Occupational 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:

This 61-year-old patient had a date of injury on 4/15/2008. The mechanism of injury was not noted. In a progress noted dated 5/28/2014, subjective findings included worsening of her moderate to severe neck pain, back pain, bilateral shoulder pain, and bilateral knee pain. Her pain is sharp in nature and is constant. She has stiffness and spasms in the neck. On a physical exam dated 5/28/2014, objective findings included well healed scar, neurological status intact. Patient is noted to be permanent and stationary. Diagnostic impression shows left shoulder status post arthroscopy and open rotator cuff repair, frozen shoulder, low back pain, lumbar radiculopathy, depression. Treatment to date: medication therapy, behavioral modification. A UR decision dated 6/12/2014 denied the request for functional restoration program, stating records show patient is confined to wheelchair. Medications of request for Diclofenac XR 100mg #60, Omeprazole 20mg #60 were denied, stating long term use is not recommended. Tramadol ER 150 #30 was denied, stating that records do not document a change in opioid medications to justify a new opioid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines criteria for functional restoration program participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; a significant loss of ability to function independently; that the patient is not a candidate where surgery or other treatments would clearly be warranted; that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and that negative predictors of success above have been addressed. In the records reviewed, and in the latest progress report dated 5/28/2014, the patient is diagnosed with depression, and there was no discussion regarding the patient's mental status or motivation to change. Furthermore, there was no evidence of a functional restoration program evaluation. Therefore, the request for functional restoration program is not medically necessary.

Diclofenac XR 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67, 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. This patient has been on Diclofenac 100mg since at least 4/23/2014 with no documented objective findings of functional improvement. Furthermore, there seemed to be a worsening of symptoms based on the patient's subjective complaints in the 5/28/2014 progress report. Therefore, the request for Diclofenac XR 100mg #60 was not medically necessary.

Omeprazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67, 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in

treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. In the 5/28/2014 progress report, this patient was noted to be on Diclofenac, and taking Omeprazole to reduce her NSAID induced gastritis prophylactically. Therefore, the request for Omeprazole 20mg #60 is medically necessary.

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113, 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. This patient was documented to be on Tramadol 150 ER since at least 4/23/2014, and there were no objective functional improvements noted in the latest report on 5/28/2014. In fact, the subjective complains of pain worsened from that time. Therefore, the request for Tramadol 150mg ER is not medically necessary.