

Case Number:	CM14-0212364		
Date Assigned:	01/02/2015	Date of Injury:	09/29/2012
Decision Date:	03/10/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50-year-old male who reported an injury on 09/20/2012. The mechanism of injury was not provided. His diagnoses include rotator cuff sprain. His past treatments were noted to include. A urine drug screen dated 12/01/2014 indicated the injured worker was inconsistent with the prescribed medication. On 10/24/2014, the injured worker complained of right shoulder pain, which he rated 9/10. He also complained of low back pain, he rated 7/10, as well as left wrist that he rated 5/10 and cervical pain which he rated 6/10. It was indicated that the medication allowed him to maintain his activities of daily living. He reported that the use of tramadol has facilitated the elimination of the immediate release opioid narcotic analgesic and does not experience side effects. He reported that this medication decreased his pain by "6 points" and reported objective improvement in range of motion and activity toleration. He reported that the NSAID decreases his pain by 2 to 3 points and improves his range of motion. He denied GI upset with the use of the proton pump inhibitor. It was indicated the injured worker had no history gastrointestinal upset. He reported that the cyclobenzaprine facilitated significant decrease in spasm and improved his range of motion and tolerance to exercise and decreased his overall pain by 3 points. He denied side effects to the use of cyclobenzaprine. Upon physical examination, it was noted the injured worker had tenderness over the right shoulder with marked limited range of motion and crepitation. It was noted he also had impingement signs and tenderness to the lumbar and cervical spine with decreased spasms. Relevant medications were noted to include tramadol, NSAIDs, proton pump inhibitors and cyclobenzaprine. The treatment plan was noted to include medications and postop physical

therapy. A request was received for retro naproxen sodium 550 mg #90, retro pantoprazole 20 mg #90, retro cyclobenzaprine 7.5 mg #90 and retro tramadol ER 150 mg #60 in order to decrease pain, improve function, decrease spasms and minimize adverse GI events with NSAIDs. The Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Naproxen Sodium 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroid Anti-inflammatory Drugs) Page(s): 67.

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

Decision rationale: The request for retro naproxen sodium 550 mg #90 is not medically necessary. According to the California MTUS Guidelines, NSAIDs are recommended for short term symptomatic relief. The guidelines also indicate that NSAIDs are no more effective than other drugs, such as acetaminophen, narcotic analgesics and muscle relaxants. The clinical documentation submitted for review indicated the injured worker received relief from the use of this medication. However, the request did not specify the duration or frequency of use. As such, the request for retro naproxen sodium 550 mg #90 is not medically necessary.

Retro Pantoprazole 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for retro pantoprazole 20 mg #90 is not medically necessary. According to the California MTUS Guidelines proton pump inhibitors, such as pantoprazole, are recommended for those at risk or that have a history of gastrointestinal events to include those above 65 years of age, history of peptic ulcer or gastrointestinal bleeding, concurrent use of aspirin and corticosteroids or high dose or multiple NSAID use. The clinical documentation submitted for review did not indicate this injured worker was at risk for or had a history of gastrointestinal events. Additionally, the request does not specify duration or frequency of use. As such, the request for retro pantoprazole 20 mg #90 is not medically necessary.

Retro Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

Decision rationale: The request for retro cyclobenzaprine 7.5 mg #90 is not medically necessary. According to the California MTUS Guidelines, muscle relaxants, such as cyclobenzaprine, are recommended for a short course of therapy, not to exceed 3 weeks. The clinical documentation submitted for review noted that the injured worker obtained much relief from the use of this medication; however, the documentation provided did indicate how long the injured worker had used this medication. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify frequency or duration of use. As such, the request for retro cyclobenzaprine 7.5 mg #90 is not medically necessary.

Retro Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for retro tramadol ER 150 mg #60 is not medically necessary. According to the California MTUS Guidelines, the ongoing use of opioids must be monitored with the direction of the 4 A's. The 4 A's for ongoing monitoring include analgesia, activities of daily living (ADLs), adverse side effects and aberrant drug taking behaviors. The clinical documentation submitted for review indicated the injured worker obtained pain relief and had increased improvement in function due to the use of this medication. It was also indicated this injured worker did not experience adverse side effects. However, the urine drug screen submitted for review indicated noncompliance with the use of this medication. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify duration or frequency of use. As such, the request for retro tramadol ER 150 mg #60 is not medically necessary.