

<b>Case Number:</b>	CM14-0216063		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	06/19/2008
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 34 year old male who sustained a work related injury June 19, 2008. According to a doctor's first report of occupational injury or illness dated July 1, 2014, the injured worker was walking through the plant and a forklift hit him on the right side causing complaints of neck, right shoulder, and low back pain. He was prescribed medications and directed for follow-up visits for medication management and received chiropractic therapy and a HEP (home exercise program). There are no reports/records present in the medical record describing day to day treatments rendered. A primary treating physician's progress report dated November 20, 2014, finds the injured worker presenting for an acute flare-up of his neck, low back, and shoulder pain and requesting refills of his medications. On examination there is tenderness in the cervical and lumbar musculature with moderate hypertonicity present. Cervical range of motion is restricted due to increasing pain with movement. Lumbar range of motion restricted in flexion 50 /60 degrees and extension 15/25 degrees with complaints of pain at the end ranges. Standard leg raise elicits low back pain, however, is negative for dural irritation. Spurling's test is negative. Diagnoses are documented as myofascial pain syndrome, cervical and lumbar spine and right shoulder strain/sprain, chronic. Treatment plan included requests for medications. There is no x-ray, MRI, or other diagnostic report present in the medical record. Work status is documented as permanent and stationary with return to modified work; no heavy lifting, repetitive bend/stoop, work above shoulder level on right, no repetitive flexion, extension, or rotation of the neck. According to utilization review performed December 4, 2014, the request for Tramadol 50mg #80 is non-certified. Citing MTUS Chronic Pain Medical

Treatment Guidelines, the medical record does not clearly reflect continued analgesia, continued functional benefit or a lack of adverse side effects with concise documentation for ongoing management. Additionally, documentation that the prescriptions were from a single practitioner, were taken as directed and that the lowest dose possible was being used were not present for review and therefore considered not medically necessary. The request for Naproxen 500mg #60 is non-certified. Citing MTUS guidelines, the request is not reasonable as the injured worker has been on long term non-steroidal anti-inflammatory drugs (NSAID's) without any documentation of significant derived benefit through prior long term use and therefore is not medically necessary. The request for Prilosec 40mg #30 is non-certified. Citing MTUS guidelines, it should be determined if gastrointestinal events are a risk for the injured worker; over 65 years old, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids and or an anticoagulant and high dose multiple NSAID usage. The injured worker is not at intermediate risk of a GI event; therefore, the request for Prilosec is not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol 50mg #80:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93-94 & 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, medication for chronic pain, Tramadol(Ultram) Page(s): 88-89, 7.

**Decision rationale:** The patient presents with flare up of neck, low back and shoulder pain. The request is for Tramadol 50mg #80, PER 11/20/14 PR2. Patient's diagnosis on 11/20/14 included cervical and lumbar spine myofascial pain syndrome, and chronic right shoulder strain/sprain. Per treater report dated 11/20/14, patient "describes relief with medication usage and an increase in his ADLs." Patient's medications include Tramadol, Naproxen and Prilosec, which were prescribed in progress report dated 11/20/14. Prilosec was prescribed in progress report dated 07/01/14. The patient is permanent and stationary per AME, however under work status per treater report dated 11/20/14, patient may "return to modified work." MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Tramadol was prescribed in progress report dated 11/20/14. In this case, treater has not discussed how Tramadol decreases pain and significantly improves patient's activities of daily living. There are no numerical scales or validated instruments to address analgesia; no UDS's, opioid pain agreement, or CURES reports addressing aberrant behavior; no discussions with specific ADL's, etc. MTUS requires

appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Tramadol was prescribed in progress report dated 11/20/14. In this case, treater has not discussed how Tramadol decreases pain and significantly improves patient's activities of daily living. There are no numerical scales or validated instruments to address analgesia; no UDS's, opioid pain agreement, or CURES reports addressing aberrant behavior; no discussions with specific ADL's, etc. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Tramadol was prescribed in progress report dated 11/20/14. In this case, treater has not discussed how Tramadol decreases pain and significantly improves patient's activities of daily living. There are no numerical scales or validated instruments to address analgesia; no UDS's, opioid pain agreement, or CURES reports addressing aberrant behavior; no discussions with specific ADL's, etc. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Naproxen 500mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 71 & 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, medication for chronic pain Page(s): 22, 60-61.

**Decision rationale:** The patient presents with neck, low back and shoulder pain. The request is for Naproxen 500mg #60 PER 11/20/14 PR2. Patient's diagnosis on 11/20/14 included cervical and lumbar spine myofascial pain syndrome, and chronic right shoulder strain/sprain. Patient's medications include Tramadol, Naproxen and Prilosec, which were prescribed in progress report dated 11/20/14. Prilosec was prescribed in progress report dated 07/01/14. Regarding NSAIDs, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60

also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Naproxen was prescribed in progress report dated 11/20/14. Per treater report dated 11/20/14, patient "describes relief with medication usage and an increase in his ADLs." The patient is permanent and stationary per AME, however under work status per treater report dated 11/20/14, patient may "return to modified work." Treater has documented benefit from medication and change in work status. The request appears reasonable and inline with guideline indications. Therefore, the request for Naproxen is medically necessary.

**Prilosec 40mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

**Decision rationale:** The patient presents with neck, low back and shoulder pain. The request is for Prilosec 40mg #63 Per 11/20/14 PR2, patient's diagnosis on 11/20/14 included cervical and lumbar spine myofascial pain syndrome, and chronic right shoulder strain/sprain. Per treater report dated 11/20/14, patient "describes relief with medication usage and an increase in his ADLs." Patient's medications include Tramadol, Naproxen and Prilosec, which were prescribed in progress report dated 11/20/14. Prilosec was prescribed in progress report dated 07/01/14. The patient is permanent and stationary per AME, however under work status per treater report dated 11/20/14, patient may "return to modified work." MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. Prilosec was prescribed in progress report dated 07/01/14 and 11/20/14. In this case, the patient is on oral NSAID for which prophylactic use of PPI would be indicated by guidelines. However, there is no mention of dyspepsia due to NSAID therapy or any GI symptoms. Furthermore, there is no discussion of how the patient is doing with the PPI, and with what efficacy. The patient has been taking a PPI at least for 4 months, and treater does not discuss why this medication should be continued. Therefore, the request for Prilosec is not medically necessary.