

Case Number:	CM14-0041146		
Date Assigned:	07/07/2014	Date of Injury:	11/06/1977
Decision Date:	05/21/2015	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/07/2014

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: Preventive Medicine, Occupational Medicine

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 55-year-old male, who sustained an industrial injury on 11/06/1977. He sustained multiple injuries that involved the neck, back, right shoulder, upper extremities, knees and hips for the periods of 11/16/1977 - 04/13/2013. Treatment to date has included x-rays, MRI and medications. According to a progress report dated 01/15/2014, the injured worker had persistent pain of the neck, low back pain and continued symptomatology in the bilateral knees. Symptomatology in the bilateral upper extremities, right shoulder and bilateral hips was unchanged. Diagnoses included cervical/lumbar discopathy, carpal tunnel/double crush syndrome, right shoulder impingement rule out rotator cuff tear/acromioclavicular arthrosis, rule out internal derangement bilateral hips and rule out internal derangement bilateral knees. The injured worker was offered an intra-articular injection of the left knee, but declined. The provider noted that he could continue taking medications, which were requested under a separate cover report. According to a report dated 02/03/2014, the provider recommended lower extremity electro diagnostics, physical therapy, anti-inflammatory, non-narcotic analgesics, possible muscle relaxants, trigger point injections and subacromial or intra-articular corticosteroid injections. On 02/26/2014, the provider requested authorization for Naproxen Sodium, Cyclobenzaprine Hydrochloride, Ondansetron, Omeprazole, Tramadol Hydrochloride ER and Terocin Patches. Currently under review is the request for 100 Naproxen Sodium Tablets 550 mg, 120 Cyclobenzaprine Hydrochloride Tables 7.5 mg and 90 Tramadol Hydrochloride ER 150 mg between 03/06/2014 and 06/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium tablets 550mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-71.

Decision rationale: The uses of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level. He has been on Naproxen since at least 6/13 with no evidence of significant reduction in pain or increase function. The request for Naproxen Sodium tablets 550mg #100 is determined to not be medically necessary.

Cyclobenzaprine Hydrochloride tablets 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with a number needed to treat of three at two weeks for symptoms improvement in low back pain and is associated with drowsiness and dizziness. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The injured worker has been prescribed cyclobenzaprine chronically with no significant evidence of pain reduction or increase in function. The request for Cyclobenzaprine Hydrochloride tablets 7.5 mg #120 is determined to be not medically necessary.

Tramadol Hydrochloride ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The patient has been prescribed Tramadol chronically with no significant reduction in pain or improvement in function, it is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol Hydrochloride ER, 150 mg #90 is determined to not be medically necessary.