

Case Number:	CM15-0016090		
Date Assigned:	02/04/2015	Date of Injury:	12/04/2013
Decision Date:	03/27/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/28/2015

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 40 year old male, who sustained an industrial injury on 2/4/2013. He reports neck pain, low back pain and right shoulder and arm pain. Diagnoses include cervical sprain/strain with mild herniated disc, right shoulder tendinitis with subacromial bursitis, right elbow lateral epicondylitis, lumbar sprain/strain and lumbar disc syndrome without myelopathy. Treatments to date include physical therapy, acupuncture and medication management. A progress note from the treating provider dated 12/12/2014 indicates the injured worker reported upper and lower back pain and right shoulder and arm pain. On 1/12/2013, Utilization Review non-certified the request for Cyclobenzaprine Hcl 7.5mg #90 and Pantoprazole Sodium delayed release 20mg #60 and certified Tramadol 150mg #30, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Opioids, on going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 76-78, 88-89, 113.

Decision rationale: The patient presents with unrated upper back, lower back, right shoulder, right elbow, and bilateral wrist pain. Patient also complains of numbness, tingling, and weakness to the bilateral hands. The patient's date of injury is 12/04/13. Patient has no documented surgical history directed at these complaints. The request is for TRAMADOL 150MG #90. The RFA was not provided. Physical examination dated 12/12/14 revealed tenderness to palpation of the cervical paraspinal muscles and decreased range of motion on flexion and extension. Shoulder examination revealed tenderness of the right AC/SC joints and the right supraspinatus and infraspinatus muscles, decreased range of motion on abduction, forward flexion, and adduction on the right side. Elbow examination revealed tenderness to the right lateral epicondyle and decreased range of motion on flexion and extension. Lumbar examination revealed tenderness to palpation of the lumbar paraspinal muscles bilaterally. The patient is currently prescribed compounded topical creams, Tramadol, Gabapentin, and Pantoprazole. Diagnostic imaging was not included. Per progress note 12/12/14 patient is advised to remain off work for 4 weeks. MTUS Chronic Pain Medical Treatment 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 states: Tramadol 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. In regards to the request for continuing treatment with Tramadol for the management of this patient's chronic pain, treater has not provided adequate documentation to continue this medication. Progress notes indicate that this patient has been prescribed Tramadol since at least 05/14/14. Most recent progress note dated 12/12/14 does not provide documentation of pain relief or functional improvement attributed to this medication. Treater also does not provide recent consistent drug screen results or specifically address aberrant behavior. Given the lack of 4A's documentation as required by MTUS, the request is not substantiated. Therefore, this request IS NOT medically necessary.

Cyclobenzaprine HCL 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, and muscle relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with unrated upper back, lower back, right shoulder, right elbow, and bilateral wrist pain. Patient also complains of numbness, tingling, and weakness to the bilateral hands. The patient's date of injury is 12/04/13. Patient has no documented surgical history directed at these complaints. The request is for CYCLOBENZAPRINE HCL 7.5MG #90.

The RFA was not provided. Physical examination dated 12/12/14 revealed tenderness to palpation of the cervical paraspinal muscles and decreased range of motion on flexion and extension. Shoulder examination revealed tenderness of the right AC/SC joints and the right supraspinatus and infraspinatus muscles, decreased range of motion on abduction, forward flexion, and adduction on the right side. Elbow examination revealed tenderness to the right lateral epicondyle and decreased range of motion on flexion and extension. Lumbar examination revealed tenderness to palpation of the lumbar paraspinal muscles bilaterally. The patient is currently prescribed compounded topical creams, Tramadol, Gabapentin, and Pantoprazole. Diagnostic imaging was not included. Per progress note 12/12/14 patient is advised to remain off work for 4 weeks. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In regards to the request for Cyclobenzaprine, treater has specified an excessive duration of therapy. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are appropriate for acute exacerbations of lower back pain. MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, the requested 90 tablets of Cyclobenzaprine does not imply short duration therapy. Therefore, the request IS NOT medically necessary.

Pantoprazole Sodium Delay Release 20mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with unrated upper back, lower back, right shoulder, right elbow, and bilateral wrist pain. Patient also complains of numbness, tingling, and weakness to the bilateral hands. The patient's date of injury is 12/04/13. Patient has no documented surgical history directed at these complaints. The request is for PANTOPRAZOLE SODIUM DELAY RELEASE 20MG #60. The RFA was not provided. Physical examination dated 12/12/14 revealed tenderness to palpation of the cervical paraspinal muscles and decreased range of motion on flexion and extension. Shoulder examination revealed tenderness of the right AC/SC joints and the right supraspinatus and infraspinatus muscles, decreased range of motion on abduction, forward flexion, and adduction on the right side. Elbow examination revealed tenderness to the right lateral epicondyle and decreased range of motion on flexion and extension. Lumbar examination revealed tenderness to palpation of the lumbar paraspinal muscles bilaterally. The patient is currently prescribed compounded topical creams, Tramadol, Gabapentin, and Pantoprazole. Diagnostic imaging was not included. Per progress note 12/12/14 patient is advised to remain off work for 4 weeks. 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."In regards to the request for Pantoprazole, the request appears reasonable. While there is no specific mention of gastric complaints, progress note dated 11/08/14 indicates that this patient is currently taking a high dose NSAID, Naproxen. The concurrent use of a PPI as a prophylactic measure is supported by guidelines as medically appropriate. Therefore, the request IS medically necessary.