

Case Number:	CM15-0114914		
Date Assigned:	06/23/2015	Date of Injury:	02/21/2013
Decision Date:	07/24/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/15/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 40 year old female who sustained an industrial injury on 2/21/2013 due to a fall. She reported pain to the low back, right shoulder, right knee, and right ankle. The injured worker was diagnosed as having right shoulder supraspinatus, infraspinatus, and subscapularis tendinitis with subacromial bursitis, carpal tunnel syndrome of the right wrist and hand, lumbar spine sprain/strain, lumbar herniated disc syndrome without myelopathy, and lumbar radiculitis with radiculopathy to both lower extremities. Treatment and evaluation to date has included medications, injections, chiropractic treatment, acupuncture, electrodiagnostic studies, and physical therapy. A Qualified Medical Evaluation on 3/13/15 notes that the injured worker last worked in January 2014. On 4/24/2015, she complained of pain to the right shoulder, low back, knee and ankle. She is noted to be taking Cyclobenzaprine, Tramadol, and Naproxen, and continuing physical therapy. Physical examination revealed tenderness in the low back, with negative straight leg raise testing bilaterally, and negative crossed straight leg raise bilaterally. Her shoulders were noted to have full range of motion bilaterally. She had mild swelling and tenderness of the right knee and ankle/foot areas. Work status was not discussed. The treatment plan included: continuation of the same medications, urine toxicology screening, and topical compound creams. The records indicated she had been utilizing Tramadol and muscle relaxants since at least October 2014, Naproxen since at least January 2015. An orthopedic evaluation in April 2015 refers to medical records that indicate use of tramadol and naproxen as far back as 2013 and muscle relaxants in March of 2014. The current request is for Tramadol, Norflex, and Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Ultram (tramadol) Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Treatment guidelines do not recommend Tramadol as a first-line oral analgesic. The MTUS guidelines indicate that on-going management of opioids should include documentation of pain relief, functional status, appropriate use of medication and discussion of side effects, and pain assessment. The records indicated she has been utilizing Tramadol since at least October 2014, and possibly, much longer, however the documentation does not demonstrate evidence of an assessment of her pain, relief of her pain, any assessment for aberrant behaviors, side effects of the medication, or changes/improvement to her functionality. The MTUS recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. No functional goals were discussed. Current work status was not specified and the documentation suggests that the injured worker has not worked since January of 2014. There was no discussion of improvements in activity of daily living as a result of use of tramadol. Urine drug screens were requested but no results of testing were submitted. There was no documentation of an opioid agreement. As currently prescribed, tramadol does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Norflex 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

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

Decision rationale: The MTUS Chronic Pain Treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. There is no additional benefit shown in combination with non-steroidal anti-inflammatory agents (NSAIDs). Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The records indicate she has been utilizing muscle relaxants for many months in combination with an NSAID. The records do not demonstrate significant improvement in pain or functional improvement as a result of use of muscle relaxants for this injured worker. Therefore, the request for Norflex 100 mg #30 is not medically necessary.

Naprosyn 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: This injured worker has chronic multifocal pain including low back pain. Naprosyn has been prescribed for at least four months and the records indicate possible use for more than one year. Per the MTUS, nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain; NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. Package inserts for NSAIDS recommend periodic monitoring of a complete blood count (CBC) and chemistry profile (including liver and renal function tests). There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. Multiple progress notes state that vital signs were stable but no blood pressure readings were submitted, and no laboratory tests were submitted or discussed. There was no documentation of functional improvement as a result of use of naprosyn. Current work status was not specified and the documentation suggests that the injured worker has not worked since January of 2014. There was no discussion of improvements in activity of daily living as a result of use of Naprosyn. Due to length of use in excess of the guideline recommendations, lack of functional improvement and potential for toxicity, the request for Naprosyn is not medically necessary.