

Case Number:	CM15-0119999		
Date Assigned:	06/30/2015	Date of Injury:	04/23/2013
Decision Date:	08/25/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/22/2015

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:

This is a 34 year old female with an April 23, 2013 date of injury. A progress note dated April 16, 2015 documents subjective complaints (occasional headache; frequent neck pain, stiffness and cramping; frequent upper/mid back pain, stiffness, and cramping; occasional lower back pain, stiffness and cramping; occasional left shoulder pain, stiffness, and cramping; constant right shoulder pain, stiffness, and weakness; occasional bilateral wrist, bilateral knee, and left ankle pain, stiffness, and cramping), objective findings (decreased and painful cervical spine range of motion; tenderness to palpation of the cervical paravertebral muscles and bilateral trapezii; shoulder depression causes pain bilaterally; decreased and painful thoracic spine range of motion; tenderness to palpation of the cervicothoracic junction and thoracolumbar junction; decreased and painful lumbar spine range of motion; tenderness to palpation of the lumbar paravertebral muscles; decreased and painful range of motion of the bilateral shoulders; tenderness to palpation of the posterior shoulders; decreased and painful range of motion of the bilateral wrists; tenderness to palpation of the dorsal wrist and volar wrist bilaterally; decreased and painful range of motion of the bilateral knees; less swelling present in the left knee; tenderness to palpation of the left medial and lateral knee; tenderness to palpation of the right anterior and medial knee; decreased and painful range of motion of the left ankle; tenderness to palpation of the dorsal ankle and lateral ankle), and current diagnoses (headache; cervical sprain/strain; cervical disc protrusion; thoracic sprain/strain and myospasm; lumbar sprain/strain and myospasm, radiculopathy vs. radiculitis; bilateral shoulder sprain/strain; bilateral acromioclavicular joint osteoarthritis; bilateral supraspinatus tendinosis; left shoulder

infraspinatus tendinosis; right shoulder subcoracoid fluid, may relate to bursitis; right shoulder synovium effusion; bilateral wrist sprain/strain, rule out bilateral wrist internal derangement; bilateral mild carpal tunnel syndrome; bilateral knee sprain/strain; left ankle sprain/strain; loss of sleep). Treatments to date have included left knee surgery, aqua therapy; physical therapy, imaging studies, and medications. The treating physician documented a plan of care that included Flexeril, Mentherm ointment, Tramadol, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter Pain (Chronic) Proton Pump Inhibitors (PPIs).

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

Decision rationale: Based on the 04/16/15 progress report provided by treating physician, the patient presents with pain to neck, back, bilateral shoulders and knees. The patient is status post left knee surgery 09/17/14. The request is for Flexeril 10MG #60. RFA with the request not provided. Patient's diagnosis on 04/16/15 includes cervical sprain/strain, cervical disc protrusion per MRI, bilateral shoulder sprain/strain, and bilateral knee sprain/strain. Physical examination to the cervical and lumbar spines on 04/16/15 revealed tenderness to palpation to the paravertebral muscles and decreased range of motion. Treatment to date has included left knee surgery, imaging studies, aqua therapy, physical therapy, home exercise program, TENS and medications. Patient's medications include Flexeril, Omeprazole, Tramadol, and Mentherm gel. The patient is off work, per 02/12/15 report. Treatment reports were provided from 12/18/14 - 04/28/15. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non- sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation 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. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. The request IS / IS NOT medically necessary. Flexeril (Cyclobenzaprine) has been included in patient's medications, per progress reports dated 01/15/15 and 02/12/15. It is not known when this medication was initiated. MTUS recommends Cyclobenzaprine, only for a short period (no more than 2-3 weeks). The patient has been prescribed Flexeril at least since 01/15/15, which is more than 4 months from UR date of 06/0215. This request is not in accordance with guideline recommendations. Therefore, the request IS NOT medically necessary.

1 Container of Methoderm Ointment 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical NSAIDs Page(s): 111.

Decision rationale: Based on the 04/16/15 progress report provided by treating physician, the patient presents with pain to neck, back, bilateral shoulders and knees. The patient is status post left knee surgery 09/17/14. The request is for 1 container of Methoderm ointment 240 grams. RFA with the request not provided. Patient's diagnosis on 04/16/15 includes cervical sprain/strain, cervical disc protrusion per MRI, bilateral shoulder sprain/strain, and bilateral knee sprain/strain. Physical examination to the cervical and lumbar spines on 04/16/15 revealed tenderness to palpation to the paravertebral muscles and decreased range of motion. Treatment to date has included left knee surgery, imaging studies, aqua therapy, physical therapy, home exercise program, TENS and medications. Patient's medications include Flexeril, Omeprazole, Tramadol, and Methoderm gel. The patient is off work, per 02/12/15 report. Treatment reports were provided from 12/18/14 - 04/28/15. Methoderm gel contains Methyl salicylate and Menthol. Regarding topical NSAIDs MTUS page 111 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Methoderm gel has been included in patient's medications, per progress reports dated 12/18/14, 01/15/15, 03/13/15. It is not known when this medication was initiated. Treater has not provided reason for the request. Though patient presents with knee symptoms for which the requested gel could be indicated, treater has not indicated which body part would be addressed. Topical NSAIDs are not indicated for spinal, shoulder conditions, which the patient also presents with. Furthermore, treater has not documented efficacy of requested topical. Therefore, the request IS NOT medically necessary.

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria For Use Of Opioids Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: Based on the 04/16/15 progress report provided by treating physician, the patient presents with pain to neck, back, bilateral shoulders and knees. The patient is status post left knee surgery 09/17/14. The request is for Tramadol 50MG #60. RFA with the request not provided. Patient's diagnosis on 04/16/15 includes cervical sprain/strain, cervical disc protrusion per MRI, bilateral shoulder sprain/strain, and bilateral knee sprain/strain. Physical examination to the cervical and lumbar spines on 04/16/15 revealed tenderness to palpation to the

paravertebral muscles and decreased range of motion. Treatment to date has included left knee surgery, imaging studies, aqua therapy, physical therapy, home exercise program, TENS and medications. Patient's medications include Flexeril, Omeprazole, Tramadol, and Mentherm gel. The patient is off work, per 02/12/15 report. Treatment reports were provided from 12/18/14 - 04/28/15. 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 p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Tramadol has been included in patient's medications, per progress reports dated 01/14/15, 02/12/15. It is not known when this medication was initiated. In this case, treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Omeprazole 20mg #90: Upheld

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

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

Decision rationale: Based on the 04/16/15 progress report provided by treating physician, the patient presents with pain to neck, back, bilateral shoulders and knees. The patient is status post left knee surgery 09/17/14. The request is for Omeprazole 20MG #90. RFA with the request not provided. Patient's diagnosis on 04/16/15 includes cervical sprain/strain, cervical disc protrusion per MRI, bilateral shoulder sprain/strain, and bilateral knee sprain/strain. Physical examination to the cervical and lumbar spines on 04/16/15 revealed tenderness to palpation to the paravertebral muscles and decreased range of motion. Treatment to date has included left knee surgery, imaging studies, aqua therapy, physical therapy, home exercise program, TENS and medications. Patient's medications include Flexeril, Omeprazole, Tramadol, and Mentherm gel. The patient is off work, per 02/12/15 report. Treatment reports were provided from 12/18/14 - 04/28/15. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Omeprazole (Prilosec) has been included in patient's medications,

per progress reports dated 01/15/15, and 02/12/15. It is not known when this medication was initiated. In this case, it does not appear that the patient is on oral NSAID therapy, to indicate prophylactic use of PPI according to guidelines. Furthermore, there is no mention of dyspepsia due to NSAID therapy or any GI symptoms. Moreover, 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 since 01/20/15, which is more than 4 months from UR date of 06/02/15, and treater does not discuss why this medication should be continued. Therefore, the request for Prilosec IS NOT medically necessary.