

Case Number:	CM15-0126009		
Date Assigned:	07/10/2015	Date of Injury:	10/05/2009
Decision Date:	09/10/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/30/2015

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: Arizona, Michigan

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 51 year old male, who sustained an industrial injury on October 5, 2009. The mechanism of injury was not found in the medical records. The injured worker has been treated for neck, back, bilateral shoulder and bilateral knee complaints. The diagnoses have included discogenic thoracic involvement with facet inflammation, discogenic lumbar condition with facet inflammation and radiculopathy especially on the left, discogenic cervical condition with five-level disc-disease, left shoulder impingement syndrome, bilateral knee internal derangement, left knee partial anterior cruciate ligament tear, right carpal tunnel syndrome, left cubital tunnel syndrome, chronic pain, stress, sleep disorder and depression. Treatment and evaluation to date has included medications, radiological studies, MRI, electrodiagnostic studies, cervical epidural steroid injections, facet injection, transcutaneous electrical nerve stimulation unit, back brace, knee braces, neck traction and left shoulder surgery. Work status was noted as permanent and stationary and the injured worker was not working. Current documentation dated April 8, 2015 notes that the injured worker reported neck, back, bilateral shoulder and bilateral knee pain. Examination of the cervical spine revealed a decreased range of motion. Tenderness was noted along the biceps tendon. A lift-off test was negative. Examination of the lumbar spine revealed a decreased range of motion. Bilateral knee range of motion was decreased. The injured worker was noted to be taking Morphine Sulfate 45 mg twice a day for pain control. The treating physician recommended a left shoulder arthroscopy evaluation and biceps tendon release and stabilization. The treating physician's plan of care included requests for Tramadol ER 150 mg #

30, Morphine Sulfate # 1, Lunesta 2 mg # 30, Zofran 8 mg # 20, Gabapentin 600 mg # 180 and Amoxicillin-Clavulanate 875 mg # 40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg #30: Upheld

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 Opioids Page(s): 74-96.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that central acting analgesics may be used to treat chronic pain. This small class of synthetic opioids exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs are reported to be effective in managing neuropathic pain. Side effects are similar to traditional opioids. The MTUS guidelines discourage long-term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life." The injured worker continues to report chronic left shoulder pain. The injured worker was noted to be receiving Tramadol ER since at least February Of 2015. The documentation does not note specific improvement in pain or significant improvement in function over this period. This medication is not recommended for long-term use unless there are significant benefits shown. Due to lack of detailed pain assessment, lack of documentation of improvement in pain and lack of documentation of functional improvement, the request for Tramadol ER is not medically necessary.

Morphine Sulfate #1: Upheld

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 Opioids Page(s): 74-96.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how

long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life." The guidelines recommend opiates as a second line treatment for short-term use after non-steroidal anti-inflammatory drugs and conservative measures have failed. In this case, the documentation supports that the injured worker has been on the medication Morphine Sulfate since at least January of 2015. The injured worker continues to report chronic left shoulder pain. The treating physician recommended left shoulder surgery, which was deemed not medically necessary. The treating physician also requested Morphine sulfate on return from surgery. Due to the left shoulder surgery being deemed not medically necessary the request for Morphine Sulfate # 1 is not medically necessary.

Lunesta 2 mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress, Lunesta.

Decision rationale: The Official Disability Guidelines do not recommend Lunesta for long-term use, but does recommend it for short-term use. The guidelines recommend "limiting use of hypnotics to three weeks maximum in the first two months of injury only and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. The FDA has lowered the recommended starting dose of Lunesta from 2 mg to 1 mg for both men and women. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken." The injured worker continues to report chronic pain and had a diagnosis of a related sleep disturbance. However, there is lack of documentation as to how long the injured worker has been receiving Lunesta and the medications efficacy. Lunesta is recommended for short term use. The request for Lunesta is not medically necessary.

Zofran 8 mg #20: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), antiemetics (for opioid nausea).

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not address Zofran. The Official Disability Guidelines does not recommend Zofran for nausea and vomiting secondary to chronic opioid use. Zofran is recommended for acute use. Nausea and

vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. Zofran is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for post-operative use. Acute use is FDA-approved for gastroenteritis. The injured worker continues to report chronic left shoulder pain. The treating physician recommended left shoulder surgery, which was deemed not medically necessary. The treating physician also requested Zofran related to the recommended surgery. Due to the left shoulder surgery being deemed not medically necessary the request for Zofran is not medically necessary.

Gabapentin 600 mg #180: Upheld

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 Antiepilepsy drugs, Gabapentin Page(s): 16-18, 49.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. There is a lack of evidence to demonstrate that anti-epilepsy drugs significantly reduce the level of myofascial or other sources of somatic pain. These medications provide additional analgesia and reduce the dependence on opioids and other medications. In this case, the injured worker continued to report chronic pain. The records did not support the injured worker had improvement in pain symptoms with this medication nor did he have a decrease reliance on opiate medications. The request for Gabapentin is not medically necessary.

Amoxicillin/Clavulanate 875 mg #40: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious diseases, Amoxicillin-Clavulanate.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not discuss Amoxicillin/Clavulanate. The Official Disability Guidelines recommend Amoxicillin/Clavulanate as a first-line treatment for bite wounds and skin and soft tissue infections. In this case, the injured worker continues to report chronic left shoulder pain. The treating physician recommended left shoulder surgery, which was deemed not medically

necessary. The treating physician also requested Amoxicillin and Zofran related to the recommended surgery. Due to the left shoulder surgery being deemed not medically necessary the request for Amoxicillin-Clavulante is not medically necessary.