

<b>Case Number:</b>	CM15-0149679		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	09/07/2011
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2015

### 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 52 year old female, who sustained an industrial injury on 9-7-2011. She reported injuries to the shoulder and knee from a slip and fall. Diagnoses include meniscus tear, chondromalacia patella, left knee, status post left knee arthroscopy, right shoulder impingement, status post right shoulder arthroscopy, and bursitis. Treatments to date include activity modification, medication therapy, physical therapy, cortisone joint injections, and viscosupplementation injections. The medical records indicated chronic complaints of ongoing pain in the right shoulder and left knee. Currently, she complained of low back pain with radiation to bilateral lower extremities with tingling. She reported "acid reflex with Norco" use. On 6-29-15, the physical examination documented tenderness to the lumbar spine with decreased range of motion, decreased sensation to the right leg and weakness to the right with knee extension. The plan of care included discontinuation of Norco and Mobic secondary to gastrointestinal upset and initial Tramadol ER, Voltaren XR and Prilosec. The appeal requested authorization of Tramadol HCL ER capsules #30; Prilosec 20mg #60; and Voltaren XR 100mg #30. The Utilization Review dated 7-20-15, modified the request to allow for Tramadol HCL ER capsules #15; and denied the Voltaren XR 100mg #30 and Prilosec 20mg #60 citing the California Medical Treatment Utilization Schedule Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren XR 100mg #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Diclofenac sodium (Voltaren®, Voltaren-XR®).

**Decision rationale:** Based on the 08/06/15 progress report provided by treating physician, the patient presents with low back pain with radiation to right leg and ankle with paresthesia, and pain to the right shoulder and left knee. The patient is status post right shoulder arthroscopy 05/01/13, 11/20/13; and left knee meniscectomy on 10/24/12. The request is for VOLTAREN XR 100MG #30. RFA with the request not provided. Patient's diagnosis on 08/06/15 included left knee medial meniscus tear, left knee chondromalacia patella, right shoulder impingement syndrome with severe labral tear/SLAP lesion with paralabral cyst, and subacromial bursitis with fluid right shoulder. Physical examination on 06/29/15 revealed tenderness to palpation to the lumbar spine, decreased range of motion, decreased sensation to the right leg and weakness to the right with knee extension. Treatment to date has included surgery, imaging studies, physical therapy and medications. Patient's medications include Voltaren, Prilosec and Tramadol. The patient is permanent and stationary, per 08/06/15 report. MTUS Chronic Pain Medical Treatment Guidelines, page 67 and 68, NSAIDs (non-steroidal anti-inflammatory drugs) section under Back Pain - Chronic Low Back Pain states: "Recommended as an option for short-term symptomatic relief." ODG-TWC, Pain (Chronic) Chapter, under Diclofenac sodium (Voltaren, Voltaren-XR) states: "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients, as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack, that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. For people at very low risk, it may be an option. (McGettigan, 2011)" Voltaren (Diclofenac) has been included in patient's medications, per progress reports dated 06/29/15 and 08/06/15. Per 02/13/15 report, treater states "D/C Tramadol, Naproxen. Ineffective." Per 06/29/15 report, treater states "D/C Norco, Mobic. Reported acid reflux. Dispense meds for pain Tramadol ER, Voltaren XR. Prilosec for GI upset with meds." In this case, treater has documented prior trial and failure of NSAID's due to inefficacy. This request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

**Prilosec 20mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Based on the 08/06/15 progress report provided by treating physician, the patient presents with low back pain with radiation to right leg and ankle with paresthesia, and pain to the right shoulder and left knee. The patient is status post right shoulder arthroscopy 05/01/13, 11/20/13; and left knee meniscectomy on 10/24/12. The request is for PRILOSEC 20MG #60. RFA with the request not provided. Patient's diagnosis on 08/06/15 included left knee medial meniscus tear, left knee chondromalacia patella, right shoulder impingement syndrome with severe labral tear/SLAP lesion with paralabral cyst, and subacromial bursitis with fluid right shoulder. Physical examination on 06/29/15 revealed tenderness to palpation to the lumbar spine, decreased range of motion, decreased sensation to the right leg and weakness to the right with knee extension. Treatment to date has included surgery, imaging studies, physical therapy and medications. Patient's medications include Voltaren, Prilosec and Tramadol. The patient is permanent and stationary, per 08/06/15 report. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, page 68 states that PPI is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS continues to state, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." MTUS pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." Prilosec has been included in progress reports dated 11/10/14, 12/10/14, and 06/29/15. It is not known when this medication was initiated. Per 06/29/15 report, treater states "D/C Norco, Mobic. Reported acid reflux. Dispense meds for pain Tramadol ER, Voltaren XR. Prilosec for GI upset with meds." Prophylactic use of PPI is indicated by MTUS, and the patient is on NSAID therapy. Treater has documented gastric problems for which prophylactic use of PPI is indicated. This request appears reasonable and in accordance with guideline indications. Therefore, the request IS medically necessary.

**Tramadol HCL ER #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use.

**Decision rationale:** Based on the 08/06/15 progress report provided by treating physician, the patient presents with low back pain with radiation to right leg and ankle with paresthesia, and pain to the right shoulder and left knee. The patient is status post right shoulder arthroscopy 05/01/13, 11/20/13; and left knee meniscectomy on 10/24/12. The request is for TRAMADOL HCL ER #30. RFA with the request not provided. Patient's diagnosis on 08/06/15 included left

knee medial meniscus tear, left knee chondromalacia patella, right shoulder impingement syndrome with severe labral tear/SLAP lesion with paralabral cyst, and subacromial bursitis with fluid right shoulder. Physical examination on 06/29/15 revealed tenderness to palpation to the lumbar spine, decreased range of motion, decreased sensation to the right leg and weakness to the right with knee extension. Treatment to date has included surgery, imaging studies, physical therapy and medications. Patient's medications include Voltaren, Prilosec and Tramadol. The patient is permanent and stationary, per 08/06/15 report. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Tramadol has been included in patient's medications, per progress reports dated 10/03/14, 12/15/14, 02/13/15, and 06/29/15. It is not known when Tramadol was initiated. Per 06/29/15 report, treater states "D/C Norco, Mobic. Reported acid reflux. Dispense meds for pain Tramadol ER, Voltaren XR. Prilosec for GI upset with meds." 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. MTUS requires appropriate discussion of the 4A's. Furthermore, treater states in 02/13/15 report "D/C Tramadol, Naproxen. Ineffective." There is no rationale provided for requesting a medication that has been documented to be ineffective. Given lack of documentation, this request IS NOT medically necessary.