

Case Number:	CM15-0161291		
Date Assigned:	08/28/2015	Date of Injury:	01/29/2014
Decision Date:	12/09/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/18/2015

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: New York
 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 61 year old male, who sustained an industrial injury on 01-29-2014. He has reported injury to the left shoulder and low back. The diagnoses have included pain in joint-shoulder; Grade 3 separation of left shoulder; closed dislocation of acromioclavicular joint; left rotator cuff tendonitis; foraminal stenosis of lumbar region; and cervical degenerative disc disease. Treatment to date has included medications, diagnostics, heat, and rest. Medications have included Ibuprofen, Tramadol, Tylenol with Codeine No.4, Flexeril, Oxybutynin Chloride, Tizanidine, and Omeprazole. A progress report from the treating provider, dated 07-29-2015, documented an evaluation with the injured worker. The injured worker reported that he is experiencing worse low back pain; the pain is mild-moderate and it occurs persistently; the location of pain is in the lower back, gluteal area, and the neck; there is no radiation of pain; symptoms are aggravated by bending, changing positions, daily activities, extension, and flexion; symptoms are relieved by rest, stretching, and pain medications; he states his back pain is worse and wants to see a back specialist; he did not attend a course of physical therapy despite it being authorized to so; he takes three Norco per day, Tramadol, and Tylenol No. 4 at night with good relief; he reports constant left shoulder pain; the pain is aggravated by lifting, movement, pushing, and reaching; the pain is relieved by rest and pain medications. Objective findings included poor muscle tone in cervical spine with moderately reduced range of motion; tenderness at the lumbar spine; moderate pain with lumbar range of motion; tenderness at the left acromioclavicular joint; and pain with left shoulder range of motion. The treatment plan has included the request for Tylenol with Codeine No.4 300-60mg #56; Tramadol 50mg #120 with 2

refills; Tizanidine 4mg #90; Hydrocodone-Acetaminophen 10-325mg #60; Ibuprofen 800mg; and Omeprazole 20mg #60. The original utilization review, dated 08-18-2015, non-certified the request for Tylenol with Codeine No.4 300-60mg #56; Tramadol 50mg #120 with 2 refills; Tizanidine 4mg #90; Hydrocodone-Acetaminophen 10-325mg #60; Ibuprofen 800mg; and Omeprazole 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with Codeine No 4 300/60mg #56: 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): Opioids for chronic pain.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic low back and shoulder pain. Documentation fails to demonstrate adequate objective improvement in level of function or pain, to support the medical necessity for continued use of opioids. Furthermore, physician report fails to establish the medical necessity for the use of both Hydrocodone/acetaminophen 10/325mg #60 and Tylenol with Codeine No 4. In the absence of significant response to treatment, the request for Tylenol with Codeine No 4 300/60mg #56 is not medically necessary.

Tramadol 50mg #120 with 2 refills: 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): Opioids for chronic pain.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-

term studies to allow use of Tramadol for longer than three months. Documentation shows that Tramadol has been prescribed for a longer period than recommended, with no evidence of significant objective improvement in pain or function. With MTUS guidelines not being met, the request for Tramadol 50mg #120 with 2 refills is not medically necessary.

Tizanidine 4mg #90: 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): Muscle relaxants (for pain).

Decision rationale: MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, in most cases of low back pain, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Tizanidine (Zanaflex) is FDA approved for management of spasticity and its use for low back pain is unlabeled. Documentation fails to indicate acute exacerbation, muscle spasm or significant improvement in the injured worker's pain with the use of Tizanidine. The request for Tizanidine 4mg #90 is not medically necessary per guidelines.

Hydrocodone/acetaminophen 10/325mg #60: 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): Opioids for chronic pain.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. Documentation fails to demonstrate adequate objective improvement in level of function or pain, to support the medical necessity for continued use of opioids. Furthermore, physician report fails to establish the medical necessity for the use of both Hydrocodone/acetaminophen 10/325mg #60 and Tylenol with Codeine No 4. In the absence of significant response to treatment, the request for Hydrocodone/acetaminophen 10/325mg #60 is not medically necessary.

Ibuprofen 800mg: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per MTUS, Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDS are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The injured worker's symptoms are chronic and ongoing, without evidence of acute exacerbation or significant objective improvement in pain on current medication regimen. With MTUS guidelines not being met, the request for Ibuprofen 800mg is not medically necessary.

Omeprazole 20mg #60: 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long-term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Omeprazole. The request for Omeprazole 20mg #60 is not medically necessary per guidelines.