

<b>Case Number:</b>	CM15-0172307		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	05/08/2009
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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:

This is a 59 year old female with a date of injury on 5-8-2009. A review of the medical records indicates that the injured worker is undergoing treatment for impingement syndrome of the shoulder on the right, right epicondylitis, carpal tunnel syndrome on the right and chronic pain. Medical records (3-17-2015 to 8-11-2015) indicate ongoing pain in the right shoulder, right wrist and hand. The injured worker complained of numbness and tingling, especially at bedtime. Per the treating physician (8-11-2105), the injured worker was working, but was missing quite a bit of work due to pain. The physical exam (3-17-2015 to 8-11-2015) reveals tenderness of the right shoulder and the right wrist. There was mild tenderness along the medial and lateral epicondyle. There was weakness and reduced range of motion of the right shoulder. Treatment has included injections, bracing, physical therapy, and medications. The injured worker has been prescribed Tramadol since at least 2-15-2015 and Flexeril since at least 3-17-2015. The request for authorization dated 8-11-2015 was for Tramadol ER, Naproxen, Aciphex, Flexeril and Trazodone. The original Utilization Review (UR) (8-17-2015) non-certified requests for Tramadol ER, Naproxen, Aciphex, Flexeril and Trazodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #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): Opioids (Classification).

**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 fails to demonstrate significant improvement in pain or function, to justify the ongoing use of Tramadol ER. With MTUS guidelines not being met, the request for Tramadol ER 150mg #30 is not medically necessary.

**Naproxen 550mg #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 (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. The injured worker's symptoms are chronic and ongoing, without evidence of acute exacerbation or significant improvement in pain on current medication regimen. With MTUS guidelines not being met, the request for Naproxen 550mg #60 is not medically necessary.

**AcipHex 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton pump inhibitors.

**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 AcipHex. The request for AcipHex 20mg #30 is not medically necessary per MTUS guidelines.

**Flexeril 7.5mg #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): Muscle relaxants (for pain).

**Decision rationale:** Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain or functional status to justify continued use of Flexeril. The request for Flexeril 7.5mg #60 is not medically necessary per MTUS guidelines.

**Trazodone 50mg #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): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications.

**Decision rationale:** MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. ODG recommends that Trazodone may be used as an option for treating insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Physician report indicates that the injured worker has ongoing pain in the right shoulder, right wrist and hand and is not sleeping well. Documentation fails to demonstrate significant improvement in functional status to justify continued use Trazodone. The request for Trazodone 50mg #60 is not medically necessary.