

Case Number:	CM15-0173208		
Date Assigned:	09/15/2015	Date of Injury:	06/23/2006
Decision Date:	11/16/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/02/2015

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: Texas, Illinois

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 48 year old male, who sustained an industrial-work injury on 6-23-06. He reported initial complaints of right hand pain that extended to the elbow and shoulder. The injured worker was diagnosed as having right shoulder impingement syndrome and right wrist tendinitis, mild capsulitis with arthritis changes. Treatment to date has included medication, surgery (carpal tunnel release in 2-2012), and diagnostics. MRI results were reported on 4-21-15 to right shoulder noted moderate grade intrasubstance tearing of the anterior fibers of the supraspinatus tendon at the footprint with adjacent cystic changes in the greater tuberosity, 1 cm paralabral cyst posteriorly suggesting labral tear and mild osteoarthritis of the AC (acromioclavicular) joint. On 5-19-15, MRI of the right wrist notes mild capsulitis, no fracture, mild arthritis changes of the triquetrum pisiform joint. EMG-NCV (electromyography and nerve conduction velocity test) was reported as negative results. Currently, the injured worker complains of bilateral shoulder and wrist pain and discomfort, unable to move due to pain. Oxycodone was prescribed from the emergency room. Per the primary physician's progress report (PR-2) on 8-4-15, exam of the right shoulder reveals tenderness to palpation over the supraspinatus tendon, trapezius muscles, subacromial region-joint, positive cross arm test and impingement, decreased range of motion. There is grade 5+ out of 5 strength in the bilateral upper extremities. Current plan of care includes start Ultram ER, Anaprox DS, Fexmid, continue home exercise program (HEP), and surgical consultation and urine drug screen on 8-14-15. The Request for Authorization requested service to include Ultram ER (Tramadol) 150mg #30, Anaprox DS (Naproxen Sodium) 550mg Qty: 60, and Fexmid (Cyclobenzaprine)

7.5mg Qty: 60. The Utilization Review on 8-21-15 modified the request for Ultram ER (Tramadol) 150mg #27, denied Anaprox DS (Naproxen Sodium) 550mg Qty: 60, and modified Fexmid (Cyclo-benzaprine) 7.5mg Qty: 54, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER (Tramadol) 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, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The injured worker sustained a work related injury on 6-23-06. The medical records provided indicate the diagnosis of right shoulder impingement syndrome and right wrist tendinitis, mild capsulitis with arthritis changes. Treatment to date has included medication, surgery (carpal tunnel release in 2-2012). The medical records provided for review do not indicate a medical necessity for Ultram ER (Tramadol) 150mg #30. Tramadol is a centrally acting synthetic opioid analgesic. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been taking opioids at least since 02/2015, but with no overall improvement. The medical records indicate the injured worker is not properly monitored for pain control, activities of daily living, adverse effects and aberrant behavior. The request is not medically necessary.

Anaprox DS (Naproxen Sodium) 550mg Qty: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The injured worker sustained a work related injury on 6-23-06. The medical records provided indicate the diagnosis of right shoulder impingement syndrome and right wrist tendinitis, mild capsulitis with arthritis changes. Treatment to date has included medication, surgery (carpal tunnel release in 2-2012). The medical records provided for review do not

indicate a medical necessity for Anaprox DS (Naproxen Sodium) 550mg Qty: 60. Anaprox (Naproxyn) is an NSAID. The MTUS recommends the lowest dose for the shortest period in patients with moderate to severe pain. However, due to several side effects associated with long term use of NSAIDs including hypertension, delayed wound healing or bone repair, gastrointestinal side effects, the MTUS recommends that they be used only acutely. Also, the MTUS recommends that individuals on prolonged treatment with NSAIDs be monitored for blood count, Liver and kidney functions. The medical records indicate the injured worker has been on Naproxen since 03/2015, but there is no indication the injured worker is being monitored. The request is not medically necessary.

Fexmid (Cyclobenzaprine) 7.5mg Qty: 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: The injured worker sustained a work related injury on 6-23-06. The medical records provided indicate the diagnosis of right shoulder impingement syndrome and right wrist tendinitis, mild capsulitis with arthritis changes. Treatment to date has included medication, surgery (carpal tunnel release in 2-2012). The medical records provided for review do not indicate a medical necessity for: Fexmid (Cyclobenzaprine) 7.5mg Qty: 60. Fexmid (Cyclo-benzaprine) is a muscle relaxant. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no indication the injured worker is being treated for acute exacerbation of chronic low back pain; besides, the MTUS recommends Cylco-benzaprine should not be taken for longer than 2-3 weeks. The request is not medically necessary.