

Case Number:	CM15-0175206		
Date Assigned:	09/16/2015	Date of Injury:	08/25/2014
Decision Date:	10/20/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/04/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 53 year old male who sustained an industrial injury on 08-24-2014. Current diagnoses include right shoulder impingement syndrome with rotator cuff tendinopathy, right shoulder SLAP lesion, and probable long head of biceps rupture-right shoulder. Report dated 07-14-2015 noted that the injured worker presented with complaints that included right upper extremity pain, burning, and weakness. Physical examination performed on 07-14-2015 revealed tenderness in the right shoulder, decreased right shoulder range of motion, positive impingement signs, and spasm of the right cervical trapezius-deltoid tie in. Previous treatments included medications, injection, and TENS unit. The treatment plan included proceeding with right arthroscopic subacromial decompression, rotator cuff repair, SLAP debridement, post-op physical therapy, retro-request for EMG/NCV of the bilateral upper extremity, retro TENS 30 day trial, dispensed tramadol ER, dispensed naproxen sodium, dispensed Pantoprazole, dispensed cyclobenzaprine, urine toxicology screening, and follow up in 3 weeks. Current work status is documented as temporarily totally disabled. The utilization review dated 08-05-2015, non-certified the request for naproxen sodium and cyclobenzaprine, and modified the request for tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of 90 tablets of Naproxen Sodium 550mg on DOS 7/14/15: 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 the MTUS guidelines cited, NSAIDs (non-steroidal anti-inflammatory drugs) are recommended for acute exacerbations of chronic back pain, as a second-line treatment after acetaminophen. They are also recommended as an option for short-term symptomatic relief for exacerbations of chronic low back pain. In osteoarthritis (including knee and hip), NSAIDs are recommended at the lowest dose for the shortest period in those with moderate to severe pain. For neuropathic pain, long-term evidence is inconsistent, but they may be useful to treat breakthrough pain. According to the treating physician's notes: the injured worker has had improved subjective function with greater tolerance to exercise and range of motion; has been able to maintain activities of daily living; pain is decreased 3-4 points on the visual analog scale; and he has failed first-line NSAIDs to include ibuprofen and aspirin. However, his underlying diagnoses do not fit the specific recommendations for NSAID use and the length of time the injured worker has used naproxen sodium is unknown. Therefore, the retrospective review of 90 tablets of naproxen sodium 550 mg on DOS 7/14/15 is not medically necessary and appropriate.

Retrospective review of 90 tablets of Cyclobenzaprine 7.5mg on DOS 7/14/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Per the cited CA MTUS guideline, cyclobenzaprine is recommended only for a short course of treatment and is not recommended for chronic use. In general, the medication is not recommended for use beyond two to three weeks per treatment period, and may be most beneficial only in the first four days. Recent treating physician notes from 08-04-2015 state the injured worker: has had improvement in spasm with medications lasting 4-6 hours; marked improvement in range of motion; improved tolerance to exercise; and decreased pain of 3-4 point average on the visual analog scale. Although the injured worker has had no somnolence or lethargy, and symptoms are improved, he appears to have been on cyclobenzaprine greater than two to three weeks. Therefore, based on the available medical records and guidelines cited, the retrospective review of 90 tablets of cyclobenzaprine 7.5 mg on DOS 7/14/15 is not medically necessary at this time.

Retrospective request for 60 tablets of Tramadol extended release 150mg on DOS 7/14/15: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The cited CA MTUS guidelines recommend short acting opioids, such as tramadol, for the control of chronic pain, and may be used for osteoarthritis pain that has not responded to first-line medications, such as NSAIDs or acetaminophen. Studies have shown that tramadol specifically decreased pain and symptoms for up to three months, but there is no recommendation for treatment beyond three months with osteoarthritic symptoms. In the case of nociceptive pain, opioids are the standard of care for moderate to severe pain. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's records from 09-08-2015 included documentation of the pain with and without medication (average 3-4 point decrease in pain), no significant adverse effects, pain contract on file, past urine drug testing (results not available for review), and subjective functional improvement. Of primary importance is an appropriate time frame for follow-up to reassess the 4 A's, which has been completed. In addition, the injured worker has had improved functioning and decreased pain on medications, which is an indication that opioids may be continued. Based on pending corrective surgical intervention, recommend continued reassessment and begin weaning/tapering as mandated by the guidelines. The retrospective request for 60 tablets of tramadol extended release 150 mg on DOS 7/14/15 is medically necessary and appropriate.