

<b>Case Number:</b>	CM15-0179513		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	05/19/2015
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: 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 43-year-old female, who sustained an industrial injury on 5-19-2015. The medical records indicate that the injured worker is undergoing treatment for cervical sprain-strain, lumbar sprain-strain, impingement syndrome of the bilateral shoulders, bilateral elbow sprain-strain, and bilateral carpal tunnel syndrome. According to the progress report dated 8-5-2015, the injured worker complains of neck pain (6-7 out of 10), low back pain (7 out of 10), right shoulder pain (8 out of 10), left shoulder pain (6.5 out of 10), right elbow pain (5 out of 10), left elbow pain (6 out of 10), right wrist pain 8 out of 10, and left wrist pain (5-6 out of 10). The physical examination of the cervical spine reveals tenderness to palpation over the bilateral trapezii and paravertebral muscles with spasms, positive Spurling's test, and restricted range of motion. Examination of the lumbar spine reveals tenderness to palpation over the bilateral sacroiliac joints and paravertebral muscles, spasms of the bilateral gluteus and paravertebral muscles, positive straight leg raise test, and restricted range of motion. Examination of the right shoulder reveals tenderness to palpation over the anterior, lateral, and posterior shoulder with muscle spasms, positive impingement sign, and reduced range of motion. Examination of the left shoulder reveals tenderness to palpation over the anterior and posterior shoulder with muscle spasms, positive impingement sign, and reduced range of motion. Examination of the right elbow reveals tenderness to palpation over the anterior, lateral, medial, and posterior elbow, positive Cozen's sign, and limited range of motion. Examination of the left elbow reveals tenderness to palpation over the anterior and posterior elbow and limited range of motion. Examination of the bilateral wrists reveals tenderness to palpation over the lateral and medial wrist with positive

Tinel's and Phalen's sign. The medications prescribed are Tramadol, Voltaren, and Protonix. There is documentation of ongoing treatment with Voltaren and Protonix since at least 7-1-2015. Treatment to date has included medication management, x-rays, physical therapy, and chiropractic. Work status is described as off work. The original utilization review (8-14-2015) had non-certified a request for Tramadol, Voltaren, and Protonix.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol ER 150mg #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:** Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there is no evidence that the injured worker has had a trial with first-line agents for chronic pain relief prior to the initiation of Tramadol ER, therefore, the request for Tramadol ER 150mg #60 is determined to not be medically necessary.

**Voltaren 100mg #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:** The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. In this case, there is no documentation of a trial with a first-line agent such as acetaminophen or even ibuprofen, therefore, the request for Voltaren 100mg #60 is determined to not be medically necessary.

**Protonix 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, such as Protonix are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Protonix when using NSAIDs. The request for Protonix 20mg #60 is determined to not be medically necessary.