

Case Number:	CM15-0179679		
Date Assigned:	09/21/2015	Date of Injury:	12/14/2012
Decision Date:	10/27/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	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: Arizona, California

Certification(s)/Specialty: 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:

This is a 44 year old male with a date of injury of December 14, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for chronic cervical spine sprain superimposed on multilevel degenerative disc disease, left shoulder subacromial impingement syndrome associated with rotator cuff tendonitis, bilateral De Quervain's disease, and moderate degenerative disc disease and facet spondylosis of the lumbar spine. Medical records dated June 3, 2015 indicate that the injured worker complains of constant mild to at times severe neck pain with radiation to the bilateral shoulders, left greater than right, moderate left shoulder pain with associated clicking and popping, occasional mild right wrist pain, occasional moderate left wrist pain with some numbness and tingling in the left ring finger and left little finger, weakness of the bilateral hands, and constant severe lower back pain with some radiation to the left leg down to the left knee with some numbness and tingling as far as the left foot. Records also indicate that the injured worker was still having some stomach upset with the medications. A progress note dated July 22, 2015 notes subjective complaints of increased pain in all body parts except for the left shoulder since the middle of June of 2015, and that he underwent a cortisone injection to the left shoulder on June 17, 2015. The physical exam dated June 3, 2015 reveals mildly antalgic gait on the left, decreased range of motion of the cervical spine (flexion of 25 degrees, extension of 15 degrees, rotation of 40 degrees, lateral bending of 15 degrees), moderate tenderness to palpation over the cervical spinous processes mainly at the base of the neck, moderate tenderness in the paraspinal muscles mainly at the base of the neck, decreased range of motion of the left shoulder (flexion of 110 degrees, abduction of 75 degrees,

external rotation of 75 degrees, internal rotation of 75 degrees), moderate tenderness inferior to the acromioclavicular joint, subacromial space, and anterior shoulder capsule, moderately positive rotational impingement test, mildly to moderately positive cross arm test, moderate grade 4 weakness of the left shoulder, moderate tenderness of the radial side of the right wrist, moderately to severely positive Finkelstein's test on the right, tenderness to the palmar side of the left wrist, moderate tenderness to the radial side of the left wrist, moderately to severely positive Finkelstein's test on the left, decreased range of motion of the lumbar spine (flexion of 40 degrees, extension of 5 degrees, rotation of 25 degrees, lateral bending of 10 degrees), moderate tenderness over the lumbar spinous processes mainly at the lumbosacral junction, mild tenderness at the sacroiliac joints, very mild tenderness over the sciatic nerves, positive straight leg raise testing, and very mild lateral laxity of the left ankle with inversion. The progress note dated July 22, 2015 documented a physical examination that showed decreased range of motion of the cervical spine as compared to June 3, 2015 (flexion of 30 degrees, extension of 20 degrees, rotation of 30 degrees, lateral bending of 15 degrees), increased range of motion of the left shoulder flexion of 110 degrees, abduction of 70 degrees, and internal and external rotation of 85 degrees, and decreased range of motion of the lumbar spine (flexion of 20 degrees, extension of 5 degrees, rotation of 20 degrees, lateral bending of 10 degrees). The remainder of the examination was essentially unchanged from June 3, 2015. Treatment has included cortisone injections to the left shoulder, medial branch blocks, and medications (Tramadol 50mg, Prilosec 40 mg, and Motrin since at least April of 2015). The original utilization review (August 13, 2015) partially certified a request for Motrin 800mg #90 (original request for #90 with five refills), and non-certified a request for Tramadol 75mg #120 with five refills and Prilosec 40mg #30 with five refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 75mg 1-2 Qid Tid #90 (5 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, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant was on NSAIDs and Tylenol . Reduction in pain scores due to medications and trends were not noted. Long-term use is not indicated and continued use with 5 refills is not justified and not medically necessary.

Motrin 800mg One Three times per day #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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Motrin for several months along with Tramadol and Tylenol. Pain score reductions and trends were not noted. The claimant "had an upset stomach" while on medications and it was likely due to NSAID use. Long-term NSAID use has renal and GI risks. Continued use of Motrin is not medically necessary.

Prilosec 40mg One Every day #30 (5 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs as above is not medically necessary. Therefore, the continued use of Prilosec with 5 refills is not medically necessary.