

Case Number:	CM15-0034719		
Date Assigned:	03/03/2015	Date of Injury:	01/20/2011
Decision Date:	05/11/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/24/2015

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, Florida
 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:

The injured worker is a 43-year-old male who reported an injury on 01/20/2011. The mechanism of injury was not provided. He was diagnosed with discogenic cervical and lumbar pain, impingement syndrome of the left shoulder, status post decompression and biceps tendon release of the left shoulder, depression, sleep issues associated with chronic pain, hypertension, diabetes, and a fatty liver per ultrasound. His past treatments were noted to include surgery, medications, work restrictions, use of a back brace, hot/cold wrap, and a TENS unit. It was noted that he had an incidental finding of a fatty liver on ultrasound and had been monitored by his primary care doctor, who had performed lab results to monitor liver profiles. The injured worker's symptoms were noted to include neck pain, low back pain, and shooting pain into the arms and legs. It was noted that the physical examination revealed tenderness along the rotator cuff and decreased shoulder abduction, tenderness along the cervical facets, and decreased cervical range of motion. His medications were noted to include Norco, Flexeril 7.5 mg, tramadol ER 150 mg, Protonix 20 mg, and Nalfon 400 mg. The treatment plan on 12/22/2014 included medication refills, an MRI of the neck, lab tests (to include a complete blood count [CBC] and basic metabolic panel [BMP]), a urine drug screen, neck traction, a neck pillow, a new prescription for Wellbutrin, a new prescription for Neurontin, an MRI of the low back, and nerve studies of the upper and lower extremities. The treating provider's rationale for the requested medications specific to the injured worker was not documented.

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 Treatment Guidelines Tramadol (Ultram); Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medication should include detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The injured worker was noted to be taking tramadol ER since at least 07/23/2014; however, appropriate documentation for the ongoing use of this opioid medication was not provided. There was no evidence of objective quantifiable pain relief with use of this medication. The documentation did not specifically address functional improvement with the use of this medication. In addition, the documentation did not indicate whether the injured worker had adverse side effects or aberrant behavior. Moreover, it was noted that the injured worker was to undergo a urine drug screen at the time of his visit on 12/22/2014. However, the results of that testing were not provided. In the absence of documentation showing consistent results on urine drug screening to verify compliance with opioid therapy, the ongoing use of this medication is not supported. In addition, the request as submitted did not include a frequency. For the reasons noted above, the request is not medically necessary.

Protonix 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton pump inhibitors (PPI's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the California MTUS Guidelines, proton pump inhibitors may be recommended for patients taking NSAID medications who have been shown to be at increased risk for gastrointestinal events or for those taking NSAID medications who have complaints of secondary dyspepsia. The clinical information submitted for review indicated that the injured worker has been taking Protonix since at least 07/23/2014. However, at the time of his follow-up on 12/22/2014, there was a lack of documentation regarding the effectiveness of Protonix. In addition, the requested NSAID has been found to be not medically necessary. Therefore, the associated use of Protonix for dyspepsia secondary to NSAIDs is also not supported. Moreover, the request as submitted did not include a frequency. For these reasons, the request is not medically necessary.

Nalfon 400mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: According to the California MTUS Guidelines, NSAIDs are recommended the lowest effective dose for the shortest period of time due to significant adverse effects associated with use of these medications. For high risk, patients, periodic lab monitoring of a CBC and chemistry profile is recommended, as well as routine blood pressure monitoring. The clinical information submitted for review indicated that the injured worker had been prescribed Nalfon since at least 11/25/2014. However, it was unclear whether the injured worker was taking this medication prior the 11/25/2014 visit as it was not included on his medication list at earlier follow-up visits. However, the documentation also specifically stated that he has high risk conditions to include hypertension and diabetes. In addition, he was noted to have a fatty liver on ultrasound and his liver enzymes were being monitored by his primary care provider. However, the documentation does not address whether his primary care provider had cleared him for use of NSAID medications. Additionally, he was noted to have an elevated blood pressure at his appointment on 11/25/2014, but the effect of use of NSAIDs on his blood pressure was not documented. The documentation indicated that he was to undergo a CBC and BMP after his 12/22/2014 visit. However, the results of this testing were not provided. In addition, the most recent clinical note provided for review, dated 01/14/2015, indicated that the injured worker had developed hives and swelling from Nalfon as well as naproxen. Therefore, they had discontinued his use of anti-inflammatory medications. In addition, the request did not include a frequency. For these reasons, the request for Nalfon 400 mg is not medically necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: According to the California MTUS Guidelines, non-sedating muscle relaxants are recommended for the short term treatment of acute exacerbations of chronic low back pain. The guidelines also specify that Flexeril is not recommended to be used for longer than 2 to 3 weeks. The clinical information submitted for review indicated that the injured worker had been taking Flexeril since at least 07/23/2014. Therefore, he has far exceeded the guidelines recommendation for a maximum of 3 weeks of use. In addition, the submitted documentation did not adequately address effectiveness of this medication to warrant continued use and there was a lack of documentation of muscle spasm. Furthermore, the request as submitted did not indicate a frequency. For these reasons, the request is not medically necessary.