

Case Number:	CM15-0068023		
Date Assigned:	04/15/2015	Date of Injury:	05/27/2010
Decision Date:	06/30/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/09/2015

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: Physical Medicine & Rehabilitation

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 37 year old female, who sustained an industrial injury on 5/27/2010. She reported pain in her neck radiating to the right trapezius, right shoulder, elbow, wrist and hand along with a headache due to cumulative trauma. Diagnoses have included discogenic cervical condition with facet inflammation and headaches and right shoulder impingement, rotator cuff strain and biceps tendonitis. Treatment to date has included magnetic resonance imaging (MRI), physical therapy, acupuncture and medication. According to the progress report dated 3/10/2015, the injured worker complained of neck pain and right upper extremity pain. She also complained of stiffness and occasional numbness. Physical exam revealed tenderness along the cervical paraspinal muscles, trapezius and shoulder girdle. Authorization was requested for Prilosec, Tramadol, Norco and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88; 41-42; 68.

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

Decision rationale: Per the 03/10/15 report the requesting physician states that the patient presents with neck pain and right upper extremity pain. She also complained of stiffness and occasional numbness. The current request is for PRILOSEC 20 mg #60 Omeprazole, per the 03/10/15 report and 03/10/15 RFA. The patient is working. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The treating physician states on 01/08/15 that this medication is prescribed for stomach issues due to medications and the patient previously tried Protonix Pantoprazole a PPI. The patient has been prescribed a PPI since at least 08/01/14. It appears that the prescribed Prilosec was not fully effective as of 01/08/15 as the treater discusses changing to Nexium on follow up as the patient was experiencing significant gastritis. The subsequent reports continued the patient on Prilosec without further discussion. The patient is currently prescribed Naproxen, an NSAID, and has been prescribed an NSAID since at least 08/01/14. In this case, the treater documents gastritis; however, there is no further GI assessment as required by the MTUS. Furthermore, it is not stated whether or not the medication helps the patient. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. In this case, the request IS NOT medically necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88; 41-42; 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Per the 03/10/15 report the requesting physician states that the patient presents with neck pain and right upper extremity pain. She also complained of stiffness and occasional numbness. The current request is for TRAMADOL 50mg #60, an opioid analgesic, per the 03/10/15 report and 03/10/15 RFA. The 03/26/15 utilization review modified this request from #60 to #30. The patient is working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided for review show that the patient has been prescribed an opioid since at least 08/01/14. The 12/08/14 report states that the patient's regimen of pain medications, which includes

Tramadol, provided 30 to 50% pain relief and allows her to perform independent activities of daily living and avoid losing days from work. However, pain scales or a validated instrument are not routinely used to assess pain. The most recent reports do not document how Tramadol helps the patient's pain. Opiate management issues are not fully addressed. While it is noted that a UDS is to be ordered, no UDS results are documented or provided for review. Side effects of opioids are not discussed. In this case, Analgesia, Adverse side effects, and Adverse behavior are not sufficiently documented as required by the MTUS guidelines. The request IS NOT medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88; 41-42; 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Per the 03/10/15 report the requesting physician states that the patient presents with neck pain and right upper extremity pain. She also complained of stiffness and occasional numbness. The current request is for NORCO 10/325 mg #60 Hydrocodone, an opioid, per the 03/10/15 report and 03/10/15 RFA. The 03/26/15 utilization review modified this request from #60 to #30. The patient is working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided for review show that the patient has been prescribed Norco since at least 10/02/14. The 12/08/14 report states that the patient's regimen of pain medications, which includes Norco, provided 30 to 50% pain relief and allows her to perform independent activities of daily living and avoid losing days from work. However, pain scales or a validated instrument are not routinely used to assess pain. The most recent reports do not document how Norco helps the patient's pain. Opiate management issues are not fully addressed. While it is noted that a UDS is to be ordered, no UDS results are documented or provided for review. Side effects of opioid are not discussed. In this case, Analgesia, Adverse side effects, and Adverse behavior are not sufficiently documented as required by the MTUS guidelines. The request IS NOT medically necessary.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88; 41-42; 68.

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

Decision rationale: Per the 03/10/15 report the requesting physician states that the patient presents with neck pain and right upper extremity pain. She also complained of stiffness and occasional numbness. The current request is for: FLEXERIL 10 mg #60, Cyclobenzaprine, per the 03/10/15 report and 03/10/15 RFA. The 03/26/15 utilization review modified this request from #60 to #30. The patient is working. MTUS guidelines page 64 states the following, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxant for pain page 63 state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2 to 3 weeks for use of the medication. Reports provided from 12/08/14 to 03/10/15 do not discuss this specific medication other than to note refills. The MTUS guidelines do not recommend chronic use of Flexeril, and it has been prescribed since at least 12/08/14. In this case, lacking recommendation by guidelines for use more than 2-3 weeks, the request IS NOT medically necessary.