

Case Number:	CM15-0068312		
Date Assigned:	04/15/2015	Date of Injury:	10/28/2011
Decision Date:	06/04/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/10/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 59 year old male who sustained a repetitive industrial injury on 10/28/2011. The injured worker was diagnosed with bilateral wrist/hand pain due to overuse syndrome, rheumatoid arthritis, bilateral elbow sprain/strain, shoulder impingement, and cervical spine sprain/strain. Treatment to date includes diagnostic testing including X-rays and magnetic resonance imaging (MRI) of the elbows, wrists, shoulders and cervical spine, densitometry, Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies (repeated February 2015), physical therapy, shoulder injections and blocks, transcutaneous electrical nerve stimulation (TEN's) unit, chiropractic therapy, consultations and medications. No surgery was noted. According to the primary treating physician's progress report on March 23, 2015 the injured worker reports flare-ups of bilateral elbow, shoulder and neck pain. Examination of the cervical spine demonstrated midline tenderness from C1-C7 and bilateral paravertebral and trapezius muscles. Cervical facet tenderness was documented at C2-C3 and C5-C6. Thoracic and lumbar spine demonstrated tenderness to palpation at the midline and at the sacroiliac (SI) joints bilaterally. Examination of the right and left shoulders demonstrated tenderness to palpation over the anterior, lateral, posterior and superior aspect with decreased and painful range of motion. The elbow, hands and wrists were tender with weakness of the right hand grip. Current medications are listed as Gabapentin, Prednisone, Naprosyn, Ultram, Flexeril, topical analgesics and Prilosec. Urine drug screening and contract agreement were discussed without documentation of current opiate use. Treatment plan consists of home exercise program and the current request for Naprosyn, Ultram, Flexeril, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 Naprosyn 500mg twice a day #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66 & 73 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Naprosyn (Naproxen) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient had prior use and reported benefit from NSAIDs for musculoskeletal pain. Medical necessity of the requested medication has been established. The request for Naprosyn is medically necessary.

Prilosec 20mg twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitor Page(s): 68, 69 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

Decision rationale: According to the California MTUS (2009), Prilosec (Omeprazole) is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. There is no documentation indicating that this patient had any GI symptoms, risk factors, or sequelae with use of NSAIDs. The medical necessity for Prilosec has not been established. The requested medication is not medically necessary.

Flexeril 10mg at bedtime #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 41 of 127.

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

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. In this case, the available records show that the patient has not shown a documented benefit or any functional improvement from prior Cyclobenzaprine use. In addition, there is no clinical indication presented for the chronic or indefinite use of this medication. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested medication is not medically necessary.

Ultram 50mg twice a day if necessary #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid analgesic Page(s): 93, 94 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97.

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical records, there has been no documentation of the medication's analgesic effectiveness or functional improvement, and no clear documentation that the patient has responded to ongoing opioid therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.