

Case Number:	CM15-0071716		
Date Assigned:	04/21/2015	Date of Injury:	07/01/2005
Decision Date:	07/20/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/14/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 63 year old female who sustained an industrial injury on 7/1/05. The injured worker reported symptoms in the shoulder, back and bilateral upper extremities. The injured worker was diagnosed as having bilateral shoulder impingement syndrome, status post right shoulder surgery x3, rule out lumbar disc injury and rule out lumbar radiculopathy. Treatments to date have included physical therapy, muscle relaxant, nonsteroidal anti-inflammatory drugs, oral pain medication and proton pump inhibitor. Tramadol has been prescribed since at least September 2014. Naproxen has been prescribed since at least November 2014 and records indicate use of various nonsteroidals since 2007. Urine drug screens on 11/19/14, 1/7/15, and 2/20/15, performed on the dates of office visits, were negative for tramadol, a prescribed medication; this finding was not addressed by the treating physician who described the results as "consistent." Some progress notes discuss improvement in pain with use of tramadol and naproxen, but pain scale ratings as recorded in the progress notes have not significantly decreased over the past several months. Tramadol was noted to have resulted in discontinuation of an unspecified immediate release opioid. Currently, at a visit on 3/11/15, the injured worker complains of pain in the bilateral shoulders, lower back and bilateral upper wrists. It was noted that the injured worker was currently undergoing physical therapy to the right shoulder. Examination showed tenderness in the shoulders with limited range of motion. The physician documented that the injured worker had not returned to work for some time. The plan of care was for physical therapy, urine drug screen, medication prescriptions and a follow up appointment at a later date. Documentation is consistent with completion of 6 sessions of

physical therapy to the right shoulder, although treatment notes and dates of visit were not submitted. On 4/3/15, Utilization Review non-certified or modified requests for the items currently under Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic shoulder and back pain. Tramadol has been prescribed for at least six months. Tramadol (ultram) is a centrally acting synthetic opioid analgesic which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. It may also produce life-threatening serotonin syndrome. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. No functional goals were discussed, and it was noted that the injured worker had not returned to work. An opioid agreement was discussed but not submitted. Multiple urine drug screens, collected on the dates of office visits and not at random as recommended by the guidelines, were negative for tramadol, a prescribed medication. These findings were not addressed by the treating physician, who described the tests as "consistent." Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The physician states that there was improvement in pain, but pain scores have remained similar over the past several months. Some progress reports note improved activities of daily living as a result of medications as a group. There was no documentation of return to work, and office visits have continued at the same monthly frequency. Tramadol was noted to have resulted in the discontinuation of an unspecified immediate release opioid, without further discussion, and progress notes over the past several months do not show decrease in medication use. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." The MTUS also details indications for discontinuing opioid medication, such as serious non-adherence or diversion. The records clearly indicate inconsistent urine drug test and the inconsistent results are not explained by treating provider, which would be necessary for continued usage. As currently prescribed, tramadol does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Cyclobenzaprine 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine, muscle relaxants Page(s): 41-42, 63-66.

Decision rationale: This injured worker has chronic shoulder and back pain. Cyclobenzaprine has been prescribed for at least four months. The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. The physician states that there was improvement in pain, but pain scores have remained similar over the past several months. Some progress reports note improved activities of daily living as a result of medications as a group. There was no documentation of return to work, and office visits have continued at the same monthly frequency. Per the MTUS chronic pain medical treatment guidelines, cyclobenzaprine (Flexeril, Fexmid, Amrix, Trabadol) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The addition of cyclobenzaprine to other agents is not recommended. This injured worker has been prescribed multiple additional agents. Limited, mixed evidence does not allow for a recommendation for chronic use. Due to length of use in excess of the guideline recommendations and lack of functional improvement, the request for cyclobenzaprine is not medically necessary.

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This injured worker has been prescribed naproxen, a nonsteroidal anti-inflammatory medication (NSAID), and pantoprazole, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). None of these risk factors were present for this injured worker. There was no documentation of any GI signs or symptoms. Due to lack of specific indication, the request for pantoprazole is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing, opioids Page(s): 43, 77-78, 89, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: urine drug testing, opioids, screening tests for risk of addiction and misuse.

Decision rationale: Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in accordance with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. Per the ODG, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. Ongoing monitoring is recommended if a patient has evidence of high risk of addiction and with certain clinical circumstances. Frequency of urine drug testing should be based on risk stratification. Patients with low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk for addiction/aberrant behavior should be tested 2-3 times per year. Patients at high risk of adverse outcomes may require testing as often as once a month. Random collection is recommended. Results of testing should be documented and addressed. This injured worker was noted to be at high risk for aberrant behavior. Multiple urine drug screens, collected on the dates of office visits and not at random as recommended by the guidelines, were negative for tramadol, a prescribed medication. These findings were not addressed by the treating physician, who described the tests as "consistent." Repeating the urine drug screens without addressing the inconsistent results in multiple prior tests is not medically necessary. The treating physician has not provided an adequate response to the prior failed drug tests. Prescribing after the failed tests did not change and there was no change in the treatment plan in response to the failed tests. Drug tests which are performed without a meaningful response from the treating physician are not indicated. Although there is a valid indication for drug testing for some patients, in this case the testing to date has not been performed or interpreted in a manner consistent with guidelines. Any additional testing is therefore not medically necessary. In addition, the associated opioid, tramadol, has been determined to be not medically necessary. For these reasons, the request for urine drug screen is not medically necessary.

9 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder, Acute and Chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: Physical medicine is recommended by the MTUS with a focus on active treatment modalities to restore flexibility, strength, endurance, function, and range of motion, and to alleviate discomfort. The ODG states that patients should be formally assessed after a six visit clinical trial to evaluate whether physical therapy has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. Both the MTUS and ODG note that the maximum number of sessions for unspecified myalgia and myositis is 9- 10 visits over 8 weeks, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. The documentation indicates that this injured worker has already completed six physical therapy sessions. There was no documentation of functional improvement as a result of the completed physical therapy. Treatment notes and dates of treatment were not submitted. The documentation indicates that the injured worker has not been working. There was no documentation of improved range of motion, specific improvements in activities of daily living or decrease in medication use as a result of physical therapy. Office visits have continued at the same monthly frequency. Due to lack of documentation of functional improvement as a result of the six visit clinical trial of physical therapy already completed, the request for 9 physical therapy sessions is not medically necessary.

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200, 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter: MRI.

Decision rationale: The ACOEM states that for most patients with shoulder problems, special studies are not needed unless a four to six week period of conservative care and observation fails to improve symptoms. For patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain, imaging may be indicated to clarify the diagnosis and assist reconditioning. This injured worker has chronic shoulder pain with history of surgery to the shoulder. Primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. None of these criteria were documented for this injured worker. The necessary components of the shoulder examination described in the MTUS are not present. The treating physician has not provided sufficient evidence in support of likely intra-articular pathology or the other conditions listed in the MTUS. The MRI is not medically necessary based on the MTUS recommendations.