

Case Number:	CM15-0091112		
Date Assigned:	05/15/2015	Date of Injury:	11/01/2010
Decision Date:	07/08/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/11/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 56 year old female, who sustained an industrial injury on 11/01/2010. She reported the onset of right shoulder pain later followed by the onset of neck pain, right elbow pain and pain radiating to the right hand. Treatment to date has included x-rays of the right upper extremity, medications, psychiatric evaluation, 3 cortisone injections to the right shoulder, MRI of the right shoulder, right shoulder surgery, postoperative physical therapy, MR arthrogram of the right shoulder, chiropractic treatment and a home exercise program. According to a handwritten partially legible progress report dated 02/27/2015, the injured worker complained of bilateral shoulder pain that was increased with lifting, pushing, pulling and reaching and decreased with medications and home exercise program. Objective findings included decreased range of motion and positive impingement. The cervical spine, right shoulder/elbow, bilateral foot/1st toe were without changes. Treatment plan included scheduling a left shoulder diagnostic ultrasound which had been authorized. Medication regimen included Ultram, Fioricet, Anaprox, Zanaflex, Sonata and Prilosec. Pain level was rated 3-4 on a scale of 1-10 with medications and 7-8 without medications. Duration of relief was 6-8 hours. The provider noted to discontinue Ultram, Zanaflex and Anaprox. Treatment plan included Fioricet, Mobic, Omeprazole and Sonata. Currently under review is the request for Ultram, Anaprox, Prilosec, Zanaflex and a random urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 Mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, opioids.

Decision rationale: ODG guidelines support opioids with: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The medical records report chronic pain but does not document ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such chronic opioids are not supported. Therefore the request is not medically necessary.

Anaprox DS 550 Mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 04/06/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67.

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain and reports persistent pain despite treatment with acetaminophen. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type when there is indication of failure of acetaminophen. As such the medical records provided for review do support the use of anaprox for the insured as there is indication of persistent pain despite acetaminophen. Therefore the request is medically necessary.

Prilosec 20 Mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID
Page(s): 68.

Decision rationale: MTUS guidelines support use of PPI if the insured has a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. The medical records provided for review do not document a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. As such the medical records do not support a medical necessity for prilosec for the insured congruent with ODG. The request is not medically necessary.

Zanaflex 2 Mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 03/23/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines zanaflex
Page(s): 66.

Decision rationale: The medical records provided for review do not demonstrated physical exam findings consistent with spasticity or muscle spasm or myofascial spasm. MTUS supports zanaflex for the treatment of muscle spasm and spasticity. As such the medical records do not support the use of zanaflex congruent with MTUS. Therefore the request is not medically necessary.

Random Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 03/23/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, urinalysis.

Decision rationale: ODG guidelines note, At the onset of treatment: (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential; the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. See Opioids, indicators for addiction & misuse. Ongoing monitoring: (1) If a patient has evidence of a "high risk" of addiction (including evidence of a comorbid psychiatric

disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. See Opioids, tools for risk stratification & monitoring. (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. The medical records provided for review do not document a formal assessment of addiction risk or report intent for chronic opioid therapy. As the medical records do not support these assessments, UDS is not supported for current care. Therefore the request is not medically necessary.