

Case Number:	CM15-0091914		
Date Assigned:	05/18/2015	Date of Injury:	02/24/2014
Decision Date:	07/07/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/12/2015

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 52 year old male, who sustained an industrial injury on 2/25/14. He reported pain in the neck, left shoulder, low back, left hip, and left knee. The injured worker was diagnosed as having shoulder region disorders, shoulder rotator cuff tear, cervical radiculopathy, lumbosacral radiculopathy, hip sprain/strain, hip tendinitis/bursitis, knee tendinitis/bursitis, and shoulder tendinitis/bursitis. Treatment to date has included DepoMedrol and Lidocaine injections, Cortisone injections, left shoulder rotator cuff repair, physical therapy, acupuncture, and medications. The injured worker has been taking Prilosec and Tramadol since at least 9/22/14. The injured worker has been taking Norco since at least 10/24/14. A physician's report dated 3/17/15 noted pain was rated as 6/10 without medications. Currently, the injured worker complains of left sided shoulder pain and back pain with radiation to the lower extremities with numbness, tingling, and weakness. The treating physician requested authorization for Norco 5/325mg #30, Tramadol ER 150mg #60, Prilosec 20mg #60, and Gabapentin 300mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: Based on the 03/04/15 progress report provided by treating physician, the patient presents with pain to neck, lower back and left shoulder. The patient is status post left shoulder rotator cuff repair 12/12/14. The request is for Norco 5/325 MG #30. Patient's diagnosis per Request for Authorization form dated 03/06/15 includes shoulder rotator cuff tear, lumbosacral radiculopathy, and cervical radiculopathy. The patient ambulates with an antalgic gait. Physical examination to the cervical and lumbar spines on 03/04/15 revealed decreased range of motion on flexion and extension. Decreased sensation noted on the C6 and L5 dermatomes. Treatment to date has included imaging and electrodiagnostic studies, injections, left shoulder rotator cuff repair, physical therapy, acupuncture, and medications. Patient's medications include Norco, Tramadol, Prilosec and Gabapentin. The patient is temporarily totally disabled, per 03/04/15 report. Treatment reports were provided from 08/02/14 - 04/21/15. 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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications, per progress reports dated 11/19/14, 12/24/14 and 03/04/15. Per 11/19/14 report, treater states "reduction in analgesia at least 30-40%. The patient notes improved functional capacity with activities of daily living, self-grooming, and chores around the house. There are no significant reported adverse effects...no suspicion of aberrant behavior." In this case, treater has addressed analgesia with numerical scales, and provided some examples of how Norco improves patient's activities of daily living. However, there are no UDS's to support compliance with medications. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. MTUS further states "function should include social, physical, psychological, daily and work activities." Given the lack of documentation as required by guidelines, the request is not medically necessary.

Tramadol ER 150 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids, Tramadol Page(s): 76-78, 88-89, 113.

Decision rationale: Based on the 03/04/15 progress report provided by treating physician, the patient presents with pain to neck, lower back and left shoulder. The patient is status post left shoulder rotator cuff repair 12/12/14. The request is for Tramadol ER 150 MG #60. Patient's diagnosis per Request for Authorization form dated 03/06/15 includes shoulder rotator cuff tear, lumbosacral radiculopathy, and cervical radiculopathy. The patient ambulates with an antalgic gait. Physical examination to the cervical and lumbar spines on 03/04/15 revealed decreased range of motion on flexion and extension. Decreased sensation noted on the C6 and L5 dermatomes. Treatment to date has included imaging and electro diagnostic studies, injections, left shoulder rotator cuff repair, physical therapy, acupuncture, and medications. Patient's medications include Norco, Tramadol, Prilosec and Gabapentin. The patient is temporarily totally disabled, per 03/04/15 report. Treatment reports were provided from 08/02/14 - 04/21/15. 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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol(Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Tramadol has been included in patient's medications, per progress reports dated 08/13/14, 11/19/14, and 03/04/15. Per 11/19/14 report, treater states "reduction in analgesia at least 30-40%. The patient notes improved functional capacity with activities of daily living, self-grooming, and chores around the house. There are no significant reported adverse effects no suspicion of aberrant behavior." In this case, treater has addressed analgesia with numerical scales, and provided some examples of how Tramadol improves patient's activities of daily living. However, there are no UDS's to support compliance with medications. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. MTUS further states that "function should include social, physical, psychological, daily and work activities." Given the lack of documentation as required by guidelines, the request is not medically necessary.

Prilosec 20 MG #60: Overturned

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

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

Decision rationale: Based on the 03/04/15 progress report provided by treating physician, the patient presents with pain to neck, lower back and left shoulder. The patient is status post left shoulder rotator cuff repair 12/12/14. The request is for Prilosec 20 MG #60. Patient's diagnosis per Request for Authorization form dated 03/06/15 includes shoulder rotator cuff tear,

lumbosacral radiculopathy, and cervical radiculopathy. The patient ambulates with an antalgic gait. Physical examination to the cervical and lumbar spines on 03/04/15 revealed decreased range of motion on flexion and extension. Decreased sensation noted on the C6 and L5 dermatomes. Treatment to date has included imaging and electro diagnostic studies, injections, left shoulder rotator cuff repair, physical therapy, acupuncture, and medications. Patient's medications include Norco, Tramadol, Prilosec and Gabapentin. The patient is temporarily totally disabled, per 03/04/15 report. Treatment reports were provided from 08/02/14 - 04/21/15. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Prilosec has been included in patient's medications, per progress reports dated 08/13/14, 11/19/14, and 03/04/15. Per 11/19/14 report, treater states, "the patient has a history of gastroesophageal reflux disease. It has been described as exacerbated with the medications prescribed for the industrial injury. With Omeprazole, there has been reduction of acid secretion, reduction in reflux, and reduction in dyspepsia." Treater has documented GERD and benefit from this medication. The request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

Gabapentin 300 MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin Page(s): 18-19.

Decision rationale: Based on the 03/04/15 progress report provided by treating physician, the patient presents with pain to neck, lower back and left shoulder. The patient is status post left shoulder rotator cuff repair 12/12/14. The request is for Gabapentin 300 MG #90. Patient's diagnosis per Request for Authorization form dated 03/06/15 includes shoulder rotator cuff tear, lumbosacral radiculopathy, and cervical radiculopathy. The patient ambulates with an antalgic gait. Physical examination to the cervical and lumbar spines on 03/04/15 revealed decreased range of motion on flexion and extension. Decreased sensation noted on the C6 and L5 dermatomes. Treatment to date has included imaging and electro diagnostic studies, injections, left shoulder rotator cuff repair, physical therapy, acupuncture, and medications. Patient's medications include Norco, Tramadol, Prilosec and Gabapentin. The patient is temporarily totally disabled, per 03/04/15 report. Treatment reports were provided from 08/02/14 - 04/21/15. MTUS has the following regarding Gabapentin on pg 18,19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Gabapentin has been included in patient's medications, per progress reports dated 09/10/14, 12/24/14, and 03/04/15. Per 11/19/14 report, treater states "reduction in analgesia at

least 30-40%. The patient notes improved functional capacity with activities of daily living, self-grooming, and chores around the house. There are no significant reported adverse effects...no suspicion of aberrant behavior." The patient continues with pain and neuropathic symptoms, and treater has documented benefit from medication. The request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.