

Case Number:	CM15-0095186		
Date Assigned:	05/22/2015	Date of Injury:	03/12/2009
Decision Date:	07/03/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/18/2015

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 3/12/2009. He reported popping and pain in his wrist from using the computer. Diagnoses have included bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, DeQuervain's and cervical radiculopathy. Treatment to date has included surgery, therapy, braces, injections and medication. According to the progress report dated 3/23/2015, the injured worker complained of bilateral hand pain. The pain was described as throbbing, tearing pain with pins and needles. No physical exam was documented. Authorization was requested for Naproxen, Prilosec, Tramadol and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen DS 550 mg tabs, Qty 60, 1 tab by mouth twice daily for cervical spine pain, 30 day supply with 0 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Pain Outcomes and Endpoints Page(s): 22, 8-9.

Decision rationale: Based on the 03/23/15 progress report provided by treating physician, the patient presents with bilateral hand pain with numbness and tingling. The patient is status post right tenosynovectomy 07/13/06, right DRUJ stabilization and debridement of TFCC 01/12/10, right removal of hardware and MUA 02/16/10, right first dorsal compartment release 04/28/11, and right in situ ulnar nerve decompression 07/26/12. The request is for Naproxen DS 550mg tabs, qty 60, 1 tab by mouth twice daily for cervical spine pain, 30 day supply with 0 refills. RFA not provided. Patient's diagnosis on 03/23/15 included bilateral peripheral neuropathy carpal tunnel syndrome, right peripheral neuropathy pronator tunnel, cubital tunnel syndrome, left DeQuervain's, and cervical radiculopathy. Treatment to date has included imaging studies, surgery, therapy, braces, injections, home exercise program and medications. Patient's medications include Anaprox, Prilosec, Ultram, Cyclobenzaprine, Alprazolam, Sertraline, and Propranolol. Per 01/21/15 report, the patient is unable to return to work due to physical limitations. Treatment reports were provided from 11/07/14 - 03/23/15. MTUS Guidelines on anti-inflammatory page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." Naproxen was included in patient's medications, per treater reports dated 11/07/14, 01/21/15 and 03/23/15. Per 03/23/15 report, treater states "medications are indicated for functional restoration and to help with pain control... current line of treatments has proven beneficial and allows for a satisfactory relief of symptoms allowing better functioning. Medications are well tolerated with no allergies or side effects noted at this time." Given patient's continued pain and documentation of functional improvement, the request for Naproxen appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

Prilosec DR (delayed release) 20 mg capsules, Qty 60, 1 capsule by mouth twice daily, 30 day supply with 0 refills for GERD to opioid meds taken for cervical spine pain: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman & Gilman's The Pharmacological Basis of Therapeutics, 12th edition 2010; Physician's Desk Reference, 68th edition; Official Disability Guidelines: Workers Compensation Drug Formulary.

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

Decision rationale: Based on the 03/23/15 progress report provided by treating physician, the patient presents with bilateral hand pain with numbness and tingling. The patient is status post right tenosynovectomy 07/13/06, right DRUJ stabilization and debridement of TFCC 01/12/10, right removal of hardware and MUA 02/16/10, right first dorsal compartment release 04/28/11, and right in situ ulnar nerve decompression 07/26/12. The request is for PRILOSEC DR

(delayed release) 20mg capsules, qty 60, 1 capsule by mouth twice daily, 30-day supply with 0 refills for GERD to opioid meds taken for cervical spine pain. RFA not provided. Patient's diagnosis on 03/23/15 included bilateral peripheral neuropathy carpal tunnel syndrome, right peripheral neuropathy pronator tunnel, cubital tunnel syndrome, left DeQuervain's, and cervical radiculopathy. Treatment to date has included imaging studies, surgery, therapy, braces, injections, home exercise program and medications. Patient's medications include Anaprox, Prilosec, Ultram, Cyclobenzaprine, Alprazolam, Sertraline, and Propranolol. Per 01/21/15 report, the patient is unable to return to work due to physical limitations. Treatment reports were provided from 11/07/14 - 03/23/15. 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 and Naproxen were included in patient's medications, per treater reports dated 11/07/14, 01/21/15 and 03/23/15. Per 03/23/15 report, treater states, "medications are indicated for functional restoration and to help with pain control... current line of treatments has proven beneficial and allows for a satisfactory relief of symptoms allowing better functioning. Medications are well tolerated with no allergies or side effects noted at this time." The patient is on NSAID therapy and treater has documented GERD in the request. MTUS allows for prophylactic use of ppi along with oral NSAIDs when appropriate GI risk is present. The request to continue PPI appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

Tramadol ER (extended release) 150 mg Qty 30, take 1 by mouth every day, 30 day supply with 0 refills for cervical and lumbar spine pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): tables 9-2, 11-2, 12-2. Decision based on Non-MTUS Citation Goodman & Gilman's The Pharmacological Basis of Therapeutics, 12th edition 2010; Physician's Desk Reference, 68th edition; Official Disability Guidelines: Workers Compensation Drug Formulary.

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

Decision rationale: Based on the 03/23/15 progress report provided by treating physician, the patient presents with bilateral hand pain with numbness and tingling. The patient is status post right tenosynovectomy 07/13/06, right DRUJ stabilization and debridement of TFCC 01/12/10, right removal of hardware and MUA 02/16/10, right first dorsal compartment release 04/28/11, and right in situ ulnar nerve decompression 07/26/12. The request is for Tramadol (extended release) 150mg qty 30, take 1 by mouth every day, 30 day supply with 0 refills for cervical and lumbar spine pain. RFA not provided. Patient's diagnosis on 03/23/15 included bilateral peripheral neuropathy carpal tunnel syndrome, right peripheral neuropathy pronator tunnel, cubital tunnel syndrome, left DeQuervain's, and cervical radiculopathy. Treatment to date has included imaging studies, surgery, therapy, braces, injections, home exercise program and

medications. Patient's medications include Anaprox, Prilosec, Ultram, Cyclobenzaprine, Alprazolam, Sertraline, and Propranolol. Per 01/21/15 report, the patient is unable to return to work due to physical limitations. Treatment reports were provided from 11/07/14 - 03/23/15. 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 p 77 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 was included in patient's medications, per treater reports dated 11/07/14, 01/21/15 and 03/23/15. Per 02/18/15 report, the patient has been prescribed Tramadol since 2014. Per 03/23/15 report, treater states "medications are indicated for functional restoration and to help with pain control... current line of treatments has proven beneficial and allows for a satisfactory relief of symptoms allowing better functioning. Medications are well tolerated with no allergies or side effects noted at this time." In this case, treater has provided general statements and not discussed how Tramadol significantly improves patient's activities of daily living with specific examples. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no pain scales or validated instruments addressing analgesia. Per 03/23/15 report, "Drug test was...positive for Tramadol. Test results are compatible with the use of current prescription drugs." There are no specific discussions regarding aberrant behavior, ADL's, etc. 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. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Flexeril 7.5 mg Qty 60, no dosage, frequency or refills specified: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): tables 9-2, 11-2, 12-2. Decision based on Non-MTUS Citation Goodman & Gilman's The Pharmacological Basis of Therapeutics, 12th edition 2010; Physician's Desk Reference, 68th edition; Official Disability Guidelines: Workers Compensation Drug Formulary.

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

Decision rationale: Based on the 03/23/15 progress report provided by treating physician, the patient presents with bilateral hand pain with numbness and tingling. The patient is status post right tenosynovectomy 07/13/06, right DRUJ stabilization and debridement of TFCC 01/12/10, right removal of hardware and MUA 02/16/10, right first dorsal compartment release 04/28/11, and right in situ ulnar nerve decompression 07/26/12. The request is for Flexeril 7.5 mg qty 60, no dosage, frequency or refills specified. RFA not provided. Patient's diagnosis on 03/23/15

included bilateral peripheral neuropathy carpal tunnel syndrome, right peripheral neuropathy pronator tunnel, cubital tunnel syndrome, left DeQuervain's, and cervical radiculopathy. Treatment to date has included imaging studies, surgery, therapy, braces, injections, home exercise program and medications. Patient's medications include Anaprox, Prilosec, Ultram, Cyclobenzaprine, Alprazolam, Sertraline, and Propranolol. Per 01/21/15 report, the patient is unable to return to work due to physical limitations. Treatment reports were provided from 11/07/14 - 03/23/15. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, Cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Flexeril (Cyclobenzaprine) was included in patient's medications, per treater reports dated 11/07/14, 02/20/15 and 03/23/15. Per 03/23/15 report, treater states "medications are indicated for functional restoration and to help with pain control... current line of treatments has proven beneficial and allows for a satisfactory relief of symptoms allowing better functioning. Medications are well tolerated with no allergies or side effects noted at this time." However, MTUS only recommends short-term use of muscle relaxants. The patient has been prescribed Flexeril (Cyclobenzaprine) at least since 11/07/14 report, which is 5 months from UR date of 04/22/15. Furthermore, the current request for quantity 60 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.