

Case Number:	CM15-0096620		
Date Assigned:	05/27/2015	Date of Injury:	12/16/2013
Decision Date:	07/07/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/19/2015

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 62 year old female, who sustained an industrial injury on 12/16/2013. She reported shoulder, elbow wrist, hand neck and finger pain. The injured worker was diagnosed as having rotator cuff syndrome, shoulder sprain/strain, hand sprain/strain, trigger finger, elbow sprain/strain, carpal tunnel syndrome, and wrist sprain/strain. Treatment to date has included medications, and magnetic resonance imaging of the right wrist, right shoulder, right hand, and right elbow on 11/5/2014. The request is for Tramadol, Cyclobenzaprine, Omeprazole, and Diclofenac. On 1/8/2015, he complained of right shoulder pain rated 9/10 without medications and 6/10 with medications, right hand pain rated 8/10 with medications and 6/10 without medications, right elbow pain rated 7/10 without medications and 4/10 with medications, right wrist pain rated 8/10 without medications and 5/10 with medications, and loss of sleep. On 3/5/2015, a pain management follow up revealed right shoulder pain rated 9-10/10 without medications and 7/10 with medications, right elbow pain rated 8/10 without medications and 6/10 with medications, right wrist pain rated 8/10 without medications and 6/10 with medications, right hand pain rated 9-10/10 without medications and 6/10 with medications. She reported dull aching neck pain with associated headaches, and loss of sleep. On 4/9/2015, she complained of right shoulder pain rated 9/10, neck pain rated 6/10, loss of sleep, right hand pain rated 9/10, right elbow pain rated 8/10, and low back pain rated 8/10. The treatment plan included: Omeprazole, Cyclobenzaprine, Diclofenac, Tramadol, topical creams and physical therapy. Several pages of the medical records contain handwritten information, which is difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, unknown quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Antispasmodics Page(s): 63, 64.

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

Decision rationale: The patient complains of right shoulder pain, rated at 3/10, right hand pain, rated at 7/10, right elbow pain, rated at 5/10, and right wrist pain, rated at 5/10, as per progress report dated 04/09/15. The request is for Cyclobenzaprine 7.5mg (NO QTY). There is no RFA for this case, and the patient's date of injury is 12/16/13. Diagnoses, as per progress report dated 04/09/15, included rotator cuff syndrome, shoulder sprain/strain, hand sprain/strain, elbow sprain/strain, wrist sprain/strain, carpal tunnel syndrome, anxiety, depression and insomnia. Medications included Tramadol, Cyclobenzaprine, Omeprazole, Diclofenac and topical compound creams. The patient is off work, as per the same progress report. 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." In this case, prescription for cyclobenzaprine is only noted in progress report dated 04/09/15. It is not clear if this is the first prescription or if the patient has used the medication in the past. There is no documentation of efficacy. Additionally, MTUS recommends only short-term use of Cyclobenzaprine. However, the treater's request does include duration or quantity required to make a determination. Hence, the request IS NOT medically necessary.

Omeprazole, unknown dose and quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptoms and cardiovascular risk Page(s): 67, 68, 69.

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

Decision rationale: The patient complains of right shoulder pain, rated at 3/10, right hand pain, rated at 7/10, right elbow pain, rated at 5/10, and right wrist pain, rated at 5/10, as per progress report dated 04/09/15. The request is for Omeprazole (No Qty). There is no RFA for this case, and the patient's date of injury is 12/16/13. Diagnoses, as per progress report dated 04/09/15, included rotator cuff syndrome, shoulder sprain/strain, hand sprain/strain, elbow sprain/strain,

wrist sprain/strain, carpal tunnel syndrome, anxiety, depression and insomnia. Medications included Tramadol, Cyclobenzaprine, Omeprazole, Diclofenac and topical compound creams. The patient is off work, as per the same progress report. 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." In this case, prescription for Omeprazole is only noted in progress report dated 04/09/15. It is not clear if this is the first prescription or if the patient has used the medication in the past. There is no documentation medication-induced gastritis. The treater does not provide the patient's GI risk assessment. Additionally, the treater's request does include duration or quantity. Hence, the request IS NOT medically necessary.

Diclofenac 100mg, unknown quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects: Diclofenac Sodium (Voltaren, Voltaren-XR) generic available Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Diclofenac.

Decision rationale: The patient complains of right shoulder pain, rated at 3/10, right hand pain, rated at 7/10, right elbow pain, rated at 5/10, and right wrist pain, rated at 5/10, as per progress report dated 04/09/15. The request is for Diclofenac 100 Mg (No Qty). There is no RFA for this case, and the patient's date of injury is 12/16/13. Diagnoses, as per progress report dated 04/09/15, included rotator cuff syndrome, shoulder sprain/strain, hand sprain/strain, elbow sprain/strain, wrist sprain/strain, carpal tunnel syndrome, anxiety, depression and insomnia. Medications included Tramadol, Cyclobenzaprine, Omeprazole, Diclofenac and topical compound creams. The patient is off work, as per the same progress report. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. However, for Diclofenac, ODG guidelines provide a specific discussion stating, "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%." It goes on to state that there is substantial increase in stroke. In this case, review of the reports do not show why the treater has chosen this particular NSAID with a high risk profile. ODG does not support this medication unless other NSAIDs have failed and the patient is a very low risk profile. The request IS NOT medically necessary. In this case, prescription for Diclofenac is only noted in progress report dated 04/09/15. It is not clear if this is the first prescription or if the patient has used the medication in the past. The treater does not discuss why this particular NSAID with a high risk profile was chosen nor does the treater document failure of other NSAIDs. ODG does not

support this medication unless other NSAIDs have failed and the patient is a very low risk profile. Additionally, the treater's request does include duration or quantity. Hence, the request IS NOT medically necessary.

Tramadol 37.5mg, unknown quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications, Opioids, specific drug list: Tramadol (Ultram; Ultram ER; generic available in immediate release tablet) Page(s): 76-80, 91, 124, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient complains of right shoulder pain, rated at 3/10, right hand pain, rated at 7/10, right elbow pain, rated at 5/10, and right wrist pain, rated at 5/10, as per progress report dated 04/09/15. The request is for Tramadol 37.5 Mg (No Qty). There is no RFA for this case, and the patient's date of injury is 12/16/13. Diagnoses, as per progress report dated 04/09/15, included rotator cuff syndrome, shoulder sprain/strain, hand sprain/strain, elbow sprain/strain, wrist sprain/strain, carpal tunnel syndrome, anxiety, depression and insomnia. Medications included Tramadol, Cyclobenzaprine, Omeprazole, Diclofenac and topical compound creams. The patient is off work, as per the same progress report. 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. In this case, a prescription for Tramadol is only noted in progress report dated 04/09/15. It is not clear if this is the first prescription or if the patient has used the medication in the past. The treater does not mention a change in the numerical scale to indicate reduction in pain nor does the treater provide specific examples that demonstrate improvement in function. No UDS or CURES reports are available for review although an urine toxicology test was ordered on 01/08/15. Additionally, the treater's request does include duration or quantity. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse reactions, and aberrant behavior, for continued opioid use. Hence, the request IS NOT medically necessary.