

Case Number:	CM15-0099875		
Date Assigned:	06/03/2015	Date of Injury:	06/07/2012
Decision Date:	07/08/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/26/2015

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 53 year old male patient who sustained an industrial injury on 06/07/2012. The accident was described as the patient having fallen hurting himself while working duty as a custodian. A recent primary treating office visit dated 04/06/2015 reported the patient with subjective complaint of having constant pain on his cervical spine radiating down his back and shoulder region. He states his pain is getting progressively worse and diminishes his ability to perform the most simple of tasks. The medication only eases the pain. The therapy is found not to have any benefit to the patient and he eagerly awaits authorization to receive epidural injections. The following diagnoses are applied: cephalgia; nasal fracture, status post septoplasty times two; right shoulder strain/sprain, rule out tendinitis impingement, cuff tear, internal derangement; left shoulder strain/sprain, rule out tendinitis, impingement; herniated cervical disc C6, C7, C3-4 with radiculitis/radiculopathy; strain/sprain tendinitis carpal tunnel syndrome, bilateral per positive nerve conduction study; lumbar spine strain/sprain, facet arthritis L3-4 with mechanical low back pain, and symptoms if anxiety and depression. The plan of care involved: recommendation to undergo left carpal tunnel release surgery, epidural injection, and follow up visit. Back at a primary treating follow up on 04/28/2014 the patient had subjective complaint of constant pain in the head along with daily headaches, nose pain, intermittent neck pain, low back pain, and bilateral shoulder pain. In addition, he has complaint of feeling anxiety and depression along with weight gain. Current medications consist of: Morphine and Hydrocodone. There is no change in the treating diagnoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

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

Decision rationale: This patient presents with headaches, intermittent neck pain, low back pain, and bilateral shoulder pain. The current request is for Ultram 50mg #120. Treatment history included physical therapy and medications. The patient is TTD. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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. The patient has been prescribed Ultram since at least 01/02/15. According to progress report 01/02/15, the patient rated his pain as 8-9/10 on a pain scale. He states that activities of daily living increases the pain. A urine drug screen was obtained on this day. On 03/09/15, the patient reported pain as 10/10 for bilateral shoulders, 5-6/10 for hand/wrist and 10/10 for his low back pain. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain either. Furthermore, there are no discussions regarding adverse side effects as required by MTUS for opiate management. All the 4 A's were not addressed, as required by MTUS for opiate management; therefore, this request IS NOT medically necessary and recommendation is for slow weaning per MTUS.

Prilosec 20mg #60: Upheld

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

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

Decision rationale: This patient presents with headaches, intermittent neck pain, low back pain, and bilateral shoulder pain. The current request is for Prilosec 20mg #60. Treatment history included physical therapy and medications. The patient is TTD. 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." The patient has been prescribed Prilosec since 01/02/15. In this case, this patient is not currently prescribed any NSAIDS to warrant the use of this medication. Furthermore, the provider does not discuss any GI symptoms and there is no documentation of efficacy in the subsequent reports While PPI's such as Prilosec are considered appropriate therapy for individuals experiencing GI upset from high-dose NSAID therapy, there is no discussion of GI symptoms and NSAID therapy to support the use of this medication. Therefore, this request IS NOT medically necessary.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

Decision rationale: This patient presents with headaches, intermittent neck pain, low back pain, and bilateral shoulder pain. The current request is for Flexeril 10mg #90. Treatment history included physical therapy and medications. The patient is TTD.MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations 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." The medical reports provided for review do not discuss this medication. It appears to be an initial request. In this case, the provider has specified an excessive duration of use. Guidelines indicate that muscle relaxants such as Flexeril are considered appropriate for acute exacerbations of lower back pain and do not recommend using it longer than 2 to 3 weeks. The current request for 90 tablets does not imply short duration therapy. Therefore, the request IS NOT medically necessary.

Percocet 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for initiating opioids Page(s): 76-78.

Decision rationale: This patient presents with headaches, intermittent neck pain, low back pain, and bilateral shoulder pain. The current request is for Percocet 10/325mg #90. Treatment history included physical therapy and medications. The patient is TTD. MTUS Guidelines page 76 to 78, under the criteria for initiating opioids, recommend that reasonable alternatives have been tried, concerning the patient's likelihood of improvement, likelihood of abuse, etc. MTUS

goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids maybe tried at this time MTUS states that functional assessment should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities. According to progress report 01/02/15, the patient is utilizing Norco and Ultram with pain rated as 8-9/10 on a pain scale. He states that activities of daily living increases the pain. A urine drug screen was obtained on this day. On 03/09/15, the patient reported pain as 10/10 for bilateral shoulders, 5-6/10 for hand/wrist and 10/10 for his low back pain. The treater instructed the patient to discontinue Norco and replace with Percocet. In this case, it appears that the patient's current medication regimen is ineffective as pain is rated as high as 10/10. Initiating a new medication at this time appears appropriate and is supported by MTUS. The request IS medically necessary.