

Case Number:	CM13-0023074		
Date Assigned:	11/15/2013	Date of Injury:	12/27/1999
Decision Date:	02/25/2014	UR Denial Date:	09/02/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 61 year old female presenting with neck, shoulder, hands, elbows, wrist and low back pain following a work related injury on 12/24/1999. The claimant is currently retired. The physical exam was significant for positive tinel's sign, tenderness along the wrist bilaterally, positive impingement, tenderness along the lumbosacral area with spasm along the paraspinal musculature. The claimant was treated with medications including Naproxen, Tramadol, Acetadryl, Percocet, and Prilosec. The claimant has tried physical therapy, epidural steroid injections, surgery and a home exercise program. The claimant was diagnosed with discogenic cervical condition, discogenic lumbar condition, impingement syndrome bilaterally status post shoulder decompression on the left, carpal tunnel syndrome bilaterally status post decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93, 113.

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

Decision rationale: Tramadol ER 150 mg is not medically necessary. Tramadol is a centrally-acting opioid. Per MTUS page 80, opioids for chronic back pain appears to be efficacious but limited for short-term pain relief and long term efficacy is unclear (greater than 16 weeks), but also appears to be limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. CA MTUS also states that opioids for neuropathic pain may be considered first line therapy while titrating another drug, treatment of episodic exacerbations severe pain, or treatment of neuropathic cancer pain. The medical records do not indicate how long Tramadol will be prescribed or if there was documentation of failed therapy with Acetaminophen and/or NSAIDs. The request for Tramadol is therefore non-certifiable.

Percocet 10mg tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Percocet mg is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances. (b) continuing pain with evidence of intolerable adverse effects. (c) decrease in functioning. (d) resolution of pain. (e) if serious non-adherence is occurring. (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid; therefore Percocet is not medically necessary.

Percocet 10mg tablets (prospective next visit): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Percocet mg is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances. (b) continuing pain with evidence of intolerable adverse effects. (c) decrease in functioning. (d) resolution of pain. (e) if serious non-adherence is occurring. (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of

improved function or return to work with this opioid; therefore Percocet is not medically necessary.

Prilosec: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

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

Decision rationale: Prilosec 20 mg is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long term use of PPI, or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen. Prilosec is therefore, not medically necessary.

Acetadryl 50/500mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen Page(s): 12.

Decision rationale: Acetadryl contains acetaminophen. Ca MTUS page 12 states that the recommended dos for mild to moderate pain is 650 to 1000mg orally every 4 hours with a maximum of 4 grams/day. Additionally Ca MTUS states that it now appears that acetaminophen may produce hypertension, a risk similar to that found for NSAIDs. The claimant was prescribed Percocet which contains acetaminophen as well as NSAIDs which may produce the same risk as Acetadryl. Given the risk and limitations stated by Ca MTUS, Acetadryl is not medically necessary.

Naproxen 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

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

Decision rationale: Naproxen is a nonsteroidal anti-inflammatory medication. Diclofenac Sodium 100mg # 30 is not medically necessary. Per MTUS guidelines page 67, NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with

cardiovascular disease and gastrointestinal distress. The medical records do not document the length of time the claimant has trialed NSAIDs. If the claimant had previous long term treatment with Naproxen, the medication is therefore not medically necessary and to prevent cardiovascular risk and GI distress, it is appropriate to discontinue this medication.

Tramadol ER 150mg (next visit): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93, 113.

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

Decision rationale: Tramadol ER 150 mg (Next visit) is not medically necessary. Tramadol is a centrally-acting opioid. Per MTUS page 80, opioids for chronic back pain appears to be efficacious but limited for short-term pain relief and long term efficacy is unclear (greater than 16 weeks), but also appears to be limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. CA MTUS also states that opioids for neuropathic pain may be considered first line therapy while titrating another drug, treatment of episodic exacerbations severe pain, or treatment of neuropathic cancer pain. The medical records do not indicate how long Tramadol will be prescribed or if there was documentation of failed therapy with Acetaminophen and/or NSAIDs. The request for Tramadol is therefore non-certifiable.