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| Case Number: | CM13-0010512 | | |
| Date Assigned: | 06/06/2014 | Date of Injury: | 03/30/2012 |
| Decision Date: | 08/08/2014 | UR Denial Date: | 07/31/2013 |
| Priority: | Standard | Application Received: | 08/12/2013 |

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/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 patient is a 56-year-old man who sustained a work-related injury on March 3, 2012. Subsequently, he developed pain to his right knee, shoulder, neck, and back. According to the medical evaluation dated on December 4, 2013, the patient still symptomatic with pain and discomfort involving his right knee. He also has pain in bilateral shoulder, arm, neck, and back. His physical examination showed local tenderness in elbow and forearm. There is positive impingement test of both shoulders. There is local tenderness in both elbow, lateral epicondyle region. There is positive Empty Can test in shoulder. The patient was diagnosed with bilateral shoulder rotator cuff injury; myofascial pain syndrome; bilateral shoulder lateral epicondylitis; possible tendonitis and tear; repetitive strain injury; and depression. The provider requested authorization for Tylenol, Flexeril, and Mobic.

IMR ISSUES, DECISIONS AND RATIONALES

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

TYLENOL #3 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

Decision rationale: According to MTUS guidelines, Tylenol #3 (Tylenol with Codeine) as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of longterm use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules, prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy, the lowest possible dose should be prescribed to improve pain and function. The office has ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for ongoing monitoring, is four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no documentation of reduction and functional improvement with previous use of Tylenol. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Tylenol). There is no clear documentation of the efficacy/safety of previous use of Tylenol. There is no recent evidence of objective monitoring of compliance of the patient with his medications. The patient was receiving Tylenol at least since 2013 without clear improvement of function or pain severity. There is no clear justification for the need to continue the use of Tylenol. Therefore, the prescription of Tylenol #3 is not medically necessary.

FLEXERIL 10 MG #30: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Flexeril a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case has been on Flexril since January 2013 without clear benefit. Therefore, the request for Flexeril is not medically necessary.

MOBIC 7.5 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Meloxicam (Mobic) Page(s): 64.

Decision rationale: My rationale for why the requested treatment/service is or is not medically necessary: According to the MTUS guidelines, Mobic (Meloxicam) is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. There is no documentation that the patient is suffering of osteoarthritis pain. There is no documentation of any benefit from a previous use of Mobic. There is no documentation of monitoring of adverse reaction from previous use of Mobic. Therefore the prescription of Mobic is not medically necessary.