

Case Number:	CM13-0032300		
Date Assigned:	02/10/2014	Date of Injury:	12/30/2003
Decision Date:	04/25/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/07/2013

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 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 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 claimant is a 55 year old female presenting with shoulder pain and low back pain following a work related injury on 12/30/2003. The claimant was diagnosed with status post left carpal tunnel release in 2000, status post left cubital tunnel release in 2002, and status post right carpal tunnel release in 2000 as well as bilateral impingement syndrome and chronic pain syndrome. According to the medical records, the claimant is permanent and stationary. The claimant had a steroid injection in 2010 and in 2013. The claimant reported 50% reduction in her shoulder pain from the steroid injection in 2010. The physical exam was significant for restricted movement in the right shoulder, positive Hawkins test, tenderness to palpation of the bilateral shoulders, AC joint, biceps groove and subdeltoid bursa. MRI of the shoulder revealed mild tendinopathy related changes involving the distal supraspinatus tendon, small ac joint effusion, irregularity of the anterior glenoid labrum compatible with fraying, scattered regions of subcortical cystic degenerative type change within the bony glenoid. MRI of the lumbar spine revealed multi-level degenerative disk changes extending from the T10-11 through the L4-5 levels, type II endplate changes at L2-3 and L4-5 as well as multiple levels of disk herniation. A claim was made for Norco, Flexeril, Lyrica and a repeat shoulder injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #180 WITH 1 REFILL: QTY: 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICAL TREATMENT GUIDELINES, WHEN TO CONTINUE OPIOIDS Page(s): 80.

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

Decision rationale: Norco 10/325mg 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 with this opioid; therefore Norco is not medically necessary.

FLEXERIL 5MG #30 WITH 1 REFILL QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICAL TREATMENT GUIDELINES, CYCLOBENZAPRINE Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICAL TREATMENT GUIDELINES, ANTI -SPASMODICS Page(s): 64.

Decision rationale: Flexeril is is not medically necessary for the client's chronic medical condition. Flexeril is Cyclobenzaprine. The peer-reviewed medical literature does not support long-term use of cyclobenzaprine in chronic pain management. Additionally, Per CA MTUS Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001). As per MTUS, the addition of cyclobenzaprine to other agents is not recommended. In regards to this claim, cyclobenzaprine was prescribed for long term use and in combination with other medications. Cyclobenzaprine is therefore, not medically necessary.

LYRICA 50MG #60 WITH 1 REFILL QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICAL TREATMENT GUIDELINES, PREGABALIN (LYRICA) Page(s): 19-20,9.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICAL TREATMENT GUIDELINES, AED'S Page(s): 17-19.

Decision rationale: Lyrica 50mg is not medically necessary. Per Ca MTUS 17-19, Pregabalin is recommended for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at post-herpetic neuralgia and

painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006) The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. Additionally, Per MTUS One recommendation for an adequate trial with gabapentin or pregabalin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) Additionally, per Ca MTUS Pregabalin has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. The claimant was not diagnosed with diabetic neuropathy or postherpetic neuralgia. Finally, the patient should be asked at each visit as to whether there has been a change in pain or function. The claimant did not show improve function on her most recent office visit; therefore the requested medication is not medically necessary.

REPEAT SHOULDER INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SHOULDER COMPLAINTS.

Decision rationale: Repeat shoulder injection is not medically necessary. The ODG states that invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. The guidelines have provision for attempting steroid injections of the shoulder following 2-3 weeks of conservative therapy. The medical records does not document that the claimant has failed at least 2-3 weeks of conservative therapy prior to the repeat shoulder injection; therefore, the requested procedure is not medically necessary.