

Case Number:	CM13-0032876		
Date Assigned:	12/06/2013	Date of Injury:	07/30/2010
Decision Date:	02/28/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/08/2013

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 Physical Medicine and rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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.

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 30-year-old with date of injury on 07/30/2010. The progress report dated 10/18/2013 by [REDACTED] indicates that the patient's diagnoses include: (1) Status post right elbow ulnar nerve transposition on 10/27/2012, (2) Cervical strain, herniated cervical disk with radiculitis, (3) Impingement syndrome of the right shoulder, (4) Right elbow internal derangement, lateral epicondylitis, rule out cubital tunnel syndrome, (5) Right wrist internal derangement with tenosynovitis, (5) Tendinitis, rule out carpal tunnel syndrome, right hand. The patient continues to present with complaints of pain in the right shoulder aggravated with overhead reaching. Physical exam findings included decreased range of motion in the right shoulder with positive impingement test. MRI of the right shoulder dated 10/01/2013 showed moderate impingement, tendinitis is present. Rotator cuff tear is present. The utilization review letter dated 10/01/2013 issued a non-certification for the following medications - Naproxen 550 mg #120, Norco 10/325 mg #120, Ultram ER 150 mg #30, Prilosec 20 mg #60, and Neurontin

IMR ISSUES, DECISIONS AND RATIONALES

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

. **Naproxen 550 mg, 120 count:** Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

Decision rationale: The patient continues to present with pain in the right shoulder aggravated with overhead reaching. The Chronic Pain Medical Treatment Guidelines, page 22, states that antiinflammatories are traditional first line of treatment to reduce pain so activity and functional restoration can resume. I reviewed records dated between 03/22/2013 and 10/18/2013 which appear to indicate that the patient continues with chronic pain in the right shoulder and right upper extremity. The prescription of naproxen 550 mg #120 appears to be supported by the guidelines noted above. The request for Naproxen 550 mg, 120 count, is medically necessary and appropriate.

Norco 10/325 mg, 120 count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88-89.

Decision rationale: The Physician Reviewer's decision rationale: The records indicate the patient continues with persistent pain in the right shoulder and right upper extremity. The Chronic Pain Medical Treatment Guidelines, under therapeutic trial of opiates regarding ongoing management, states that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be reported. 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 the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The Chronic Pain Medical Treatment Guidelines also states that pain should be assessed each visit, and function should be measured at 6-month intervals using a numeral scale or validated instrument. The 6 visits ranging between 03/22/2013 and 10/18/2013 did not appear to indicate any documentation of functional improvement reported on a numeral scale or validated instrument. The records appear to indicate that the patient has been on this medication for greater than 6 months. However, the 10/03/2013 report referenced to a urinary drug screen which was performed recently that indicated that hydrocodone was not detected. The following progress report on 10/18/2013 does not appear to address the fact that the patient was had a negative or inconsistent urinary drug screen. The continuation of Norco 10/325 mg does not appear to be medically necessary. The request for Norco 10/325 mg, 120 count, is not medically necessary or appropriate.

Ultram ER 150 mf, 30 count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88-89.

Decision rationale: The patient continues to report right shoulder pain and right upper extremity pain. The intensity of the pain was not documented in any of the reports reviewed dating between 03/22/2013 and 10/18/2013. Regarding tramadol, the Chronic Pain Medical Treatment Guidelines states that tramadol is indicated for moderate to severe pain. The Chronic Pain Medical Treatment Guidelines states that pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. The records reviewed did not contain any numerical scale or validated instrument in the past 6 months of records. The request for Ultram ER 150 mf, 30 count is not medically necessary or appropriate.

Prilosec 20 mg, 60 count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), GI (Gastrointestinal) Symptoms & Cardiovascular.

Decision rationale: The Physician Reviewer's decision rationale: The patient continues to present with right shoulder pain and right upper extremity pain. The records indicate the patient continues on NSAID therapy. Regarding NSAIDs, GI symptoms, and cardiovascular risk, the Chronic Pain Medical Treatment Guidelines recommends that physicians assess patients for risk for gastrointestinal events. Risk factors include: (1) Age greater than 65 years old, (2) History of peptic ulcer, GI bleeding, or perforation, (3) Concurrent use of aspirin, corticosteroids, and/or anticoagulant, or (4) High-dose multiple NSAID. The 6 months of records reviewed between 03/22/2013 and 10/18/2013 did not provide any documentation of any assessment of GI risk factors or patient complaints of GI symptoms. The request for Prilosec 20 mg, 60 count, is not medically necessary or appropriate.

Neurontin: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

Decision rationale: The records appear to indicate the patient continues with right shoulder pain and right upper extremity pain. The patient does have a diagnosis of cervical strain, herniated cervical disk with radiculitis. However, the 6 progress reports dated between 03/22/2013 and 10/18/2013 did not document that the patient is having any signs of neuropathic pain. There also is no documentation of specific benefits the patient has received taking Neurontin in the past. The treating physician has a statement in his progress reports that is the same on the other reports stating that he has questioned the patient in regards to the medications prescribed and if they have been helpful in providing relief of pain and states the patient has noted that the medications have been of benefit. There are no other discussions provided by the treater in regards to specific

relief of neuropathic pain from Neurontin. The Chronic Pain Medical Treatment Guidelines states that gabapentin has been considered as a first-line treatment for neuropathic pain. It is unclear if the patient is suffering from neuropathic pain. The request for Neurontin is not medically necessary or appropriate