

Case Number:	CM13-0041603		
Date Assigned:	12/20/2013	Date of Injury:	11/18/2005
Decision Date:	04/03/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/11/2013

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 37-year-old woman, with a date of injury of 11/18/05. She is status post numerous diagnostic and therapeutic modalities, including right shoulder subacromial decompression and rotator cuff repair, selective nerve root injection in C7 and right shoulder subacromial corticosteroid injection. She was seen by her physician on 9/17/13. She complained of right neck pain, right scapular pain, right shoulder girdle, and mid back and right upper extremity pain. Her sleep and mood were said to be poor and she had an asthma flare. Her medications included gabapentin, Endocet, Flector patch, trazodone, Norco, methocarbamol, prednisone and azithromycin. On physical exam she had a slow gait. Her neck movements were painful, with tenderness in the paracervical muscles and upper scapula, with radiation to her right arm. Her shoulders showed bogginess/fullness of her supraclavicular fossa. She had 4/5 intrinsic strength in her right hand for the C8/T1 muscles. Her diagnoses included postlaminectomy syndrome-cervical, cervical disc displacement, joint pain-shoulder, and carpal tunnel syndrome. Her medications were refilled and labs ordered 'for screening of liver and kidney function' and these are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endocet 10/325mg #120, three to four (3-4) per day, as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-pain treatment agreement Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: This 37-year-old injured worker has chronic pain, with an injury sustained in 2005. Her medical course has included numerous diagnostic and treatment modalities, including surgery and long-term use of several medications. The Chronic Pain Guidelines indicate that for opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The physician visit of 9/17/13 fails to document any improvement in pain, functional status or side effects to justify long-term use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The endocet is denied as not medically necessary.

Norco 10/325mg #210, every four to six (4-6) hours, as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-pain treatment agreement Page(s): 89..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: This 37-year-old injured worker has chronic pain, with an injury sustained in 2005. Her medical course has included numerous diagnostic and treatment modalities, including surgery and long-term use of several medications. The Chronic Pain Guidelines indicate that for opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The physician visit of 9/17/13 fails to document any improvement in pain, functional status or side effects to justify long-term use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The Norco is denied as not medically necessary.

Flector 1/3% #60, two (2) per day, every twelve (12) hours: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), Flector Patch.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The Chronic Pain Guidelines indicate that topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one (1) drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical non-steroidal anti-inflammatory drugs (NSAIDs) for treatment of osteoarthritis of the spine, hip or shoulder, and there is no evidence to

support its use in neuropathic pain. Regarding topical flurbiprofen in this injured worker, the records do not provide clinical evidence to support medical necessity.

One (1) Serum AST (Aspartate Aminotransferase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, edited by Dennis Kasper, M.D., et al. 16th Edition, 2005, pages 38-43

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation drug information Oxycodone and Tylenol, hydrocodone and Tylenol, Flurbiprofen.

Decision rationale: This injured worker has a history of chronic pain since 2005, and has had various treatment modalities, including medications such as narcotics and topical non-steroidal anti-inflammatory drugs (NSAIDs). Her opioids contain tylenol, but given her age and documentation of compliance with medications and dosage and no symptoms of any toxicity or gastrointestinal illness or symptoms, liver enzyme lab monitoring is not medically indicated.

One (1) Serum ALT (Alanine Aminotransferase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, edited by Dennis Kasper, M.D., et al. 16th Edition, 2005, pages 38-43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation drug information Oxycodone and Tylenol, hydrocodone and Tylenol, Flurbiprofen.

Decision rationale: This injured worker has a history of chronic pain since 2005, and has had various treatment modalities, including medications such as narcotics and topical non-steroidal anti-inflammatory drugs (NSAIDs). Her opioids contain tylenol, but given her age and documentation of compliance with medications and dosage and no symptoms of any toxicity or gastrointestinal illness or symptoms, liver enzyme lab monitoring is not medically indicated.

One (1) renal panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, edited by Dennis Kasper, M.D., et al. 16th Edition, 2005, pages 38-43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation drug information Oxycodone and Tylenol, hydrocodone and Tylenol, Flurbiprofen.

Decision rationale: This injured worker has a history of chronic pain since 2005, and has had various treatment modalities, including medications such as narcotics and topical non-steroidal anti-inflammatory drugs (NSAIDs). Given her age and documentation of compliance with medications and dosage and no symptoms of any toxicity or renal or cardiovascular illness or symptoms, renal panel lab monitoring is not medically indicated