

Case Number:	CM13-0050095		
Date Assigned:	03/31/2014	Date of Injury:	12/06/2010
Decision Date:	05/13/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/08/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Maryland. 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 55 year old female who was injured on 12/05/2010 while pushing shopping carts to the side she felt a pain in her lower back and shoulder. Prior treatment history has included Biofeedback treatments weekly. The patient underwent arthroscopic acromioplasty of right shoulder on 07/23/2013. The medications include Cymbalta, Neurontin, Citalopram, Klonopin, Hydrocodone, Ranitidine and Nucynta. The diagnostic studies reviewed include x-ray of the right shoulder which revealed no chronic changes. Urine drug screen dated 10/02/2013 documented negative results. PR-2 dated 10/18/2013 documented the patient to have complaints of moderate to severe back pain. The problem is fluctuating and persistent. The pain is deep and throbbing. Symptoms are aggravated by coughing, sneezing and standing. Symptoms are relieved with lying down, pain meds and rest. The patient's chronic problems are: shoulder pain, bicipital tenosynovitis, rotator cuff sprain, chronic pain due to trauma, low back pain, and lumbar sprain. The patient's pain score without medication is 8/10. Pain score with medications is 3/10. The objective findings on examination of left shoulder revealed active pain free range of motion normal. Neurological exam revealed no motor weakness, coordination intact and motor skills normal. The assessment displayed shoulder pain, Bicipital tenosynovitis, rotator cuff (capsule) sprain, chronic pain due to trauma, COAT, low back pain and lumbar sprain. The medications prescribed at this visit include Nucynta ER 100 mg. She understands the importance pursuing home exercise program and home stretch program for the sake of her recovery from her shoulder surgery. She continues to see a psychotherapist. The patient is coached about pain coping skills and the power of positive thinking and the like. The importance of self-pacing and setting realistic goals and expectations are emphasized.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINALYSIS, CBC WITH DIFFERENTIAL, TSH, EIA, CHEM 19: 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, SPECIFIC DRUG LIST & ADVERSE EFFECTS Page(s): 70.

Decision rationale: According to the California MTUS guidelines, package inserts for NSAIDs recommend periodic lab monitoring of with CBC and chemistry profile (including liver and renal function tests). Routine blood pressure monitoring is recommended. Blood pressure monitoring is not documented in the submitted records. The references state urinalysis is useful as a screening and/or diagnostic tool as it can help detect substances or cellular material in the urine associated with different metabolic and kidney disorders. The medical records do not document any current clinically relevant abnormal findings or patient complaints or medical history that would medically necessitate lab testing. According to the cited references, a thyroid panel is used to screen for or help diagnose hypo and hyperthyroidism. The TSH test is the preferred test to screen for thyroid disorders. The medical records do not document any subjective complaints, relevant medical history, or objective findings on examination that would raise concern for any thyroid disorders in this case. The medical records do not establish the patient's medication regimen has included long-term maintained NSAID therapy. In the absence of any current clinically relevant abnormal findings with subjective complaints as to support a medical necessity, the requested lab studies of urinalysis, CBC, TSH, EIA, and Chem 19 are not indicated.

KLONOPIN 0.5mg #60: 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 BENZODIAZEPINES Page(s): 24.

Decision rationale: According to the guidelines, Benzodiazepines are not recommended. These medications are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Clonazepam (Klonopin) is not recommended. Furthermore, if a diagnosis of an anxiety disorder exists, a more appropriate treatment would be an antidepressant. The medical records do not reveal a clinical rationale that establishes Klonopin is appropriate and medically necessary for this patient. Klonopin is not medically necessary.

GABAPENTIN 300MG #90: 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 ANTIEPILEPSY DRUGS (AEDS) Page(s): 16, 18.

Decision rationale: According to the guidelines, an anti-epilepsy drug (AED), such as Gabapentin, is recommended for neuropathic pain (pain due to nerve damage). Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The medical records do not establish the patient has neuropathic pain. There are no subjective complaints, correlative objective clinical findings, and/or corroborative electrodiagnostic evidence to establish active neuropathy is present. There are no signs or symptoms of neuropathy. The medical necessity of Gabapentin has not been established under the guidelines.

RANITIDINE 150MG #60: 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, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: According to the guidelines, proton pump inhibitors, such as Omeprazole, are recommended for patients at risk for gastrointestinal events. Determining factors are 1) age over 65 years, 2) history of peptic ulcer, GI bleeding or perforation, 3) concurrent use of ASA, corticosteroids, and/or an anticoagulants, or 4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The medical records do not establish any of these risk factors are present in the case of this patient. The medical records do not establish this patient is at notable risk for GI events. Furthermore, if at risk, a PPI would be recommended. All other agents should be considered second-line therapy. The medical necessity of Ranitidine has not been established.

HYDROCODONE-ACETAMINOPHEN 10MG #120: 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 OPIOIDS, SPECIFIC DRUG LIST Page(s): 76-80.

Decision rationale: Hydrocodone is indicated for moderate to severe pain. It is classified as a short-acting opioids, which are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. Guidelines indicate "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 nonadherent) 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)."A urine drug screen dated 10/02/2013 documented negative results. There is no clear indication that the patient has been utilizing the medications. The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, which are known to be effective for treatment of moderate to severe pain and symptoms. In addition there is no mention of ongoing attempts with nonpharmacologic means of pain management. The medical documents do not support continuation of opioid pain management. The medical necessity for hydrocodone has not been established.

CYMBALTA 30MG #30: 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 Antidepressants; for chronic pain Specific Antidepressants Page(s): 13-16.

Decision rationale: The documented medical records do not reveal the patient has any diabetic neuropathy. In addition, the medical records document the patient is already on another anti-depressant, Citalopram. Therefore, Cymbalta is not medically necessary under the guidelines.