

Case Number:	CM13-0050648		
Date Assigned:	03/31/2014	Date of Injury:	12/11/2009
Decision Date:	04/29/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/13/2013

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 & Rehabilitation 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 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 49 year old female who was injured on 12/11/2009 sustaining a work-related injury. The mechanism of injury is unknown. Prior treatment history has included physical therapy, cervical epidural steroid injection, injection of the left shoulder, psychotherapy and psychophysiological therapy. The patient underwent arthroscopy, synovectomy, bursectomy, coracoacromial ligament release, Neer type acromioplasty and distal clavicle excision on 10/22/2012. Progress note dated 03/13/2014 documented the patient to have complaints of increased pain along the neck and left shoulder with headaches and stiffness. She is using ice as well as massage. She is treated with the Norco as well as Effexor. She has not been taking any muscle relaxant recently. She is still working full-time. Objective findings on exam reveal she has tenderness along the left shoulder, trapezius and shoulder girdle bilaterally. Abduction 120 degrees. She has mild weakness against resistance at 5/5 with shoulder abduction, flexion. Positive tenderness along trapezius, shoulder girdle, rotator cuff and biceps tendon. Mildly positive impingement sign on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The guidelines states opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. According to the 3/13/2014 medical report, the patient presents with complaints of increased pain. The guidelines also state Norco is indicated for moderate to moderately severe pain. The medical records do not quantify the patient subjective pain report, as to establish the patient has moderate to moderately severe pain levels. In addition, the records do not establish the patient has failed to respond to non-opioid measures, of activity modification, ice, heat, massage, and other physical methods. Since the patient's medication regimen includes Norco, and she reports increased pain, continued Norco is not recommended by the guidelines. Consequently, the request is non-certified.

NAPROXEN SODIUM 550MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66 and 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

Decision rationale: Given the documented subjective complaints and objective findings, it is reasonable that the patient be provided with a non-steroidal anti-inflammatory to provide symptomatic relief of mild to moderate pain. The medical records document the patient has been using this medication, and there are no documented issues of side-effects with use. This request is supported by the reference guidelines. Recommendation is to certify the request for Naproxen #60.

EFFEXOR 75MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105 and 123.

Decision rationale: The CA MTUS guidelines state SNRIs, such as Effexor, are recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. However, the medical records do not establish this patient has neuropathic pain. Consequently, the request is non-certified.

FLEXERIL 7.5MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41 and 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41 and 64.

Decision rationale: According to the guidelines, antispasmodics are used to decrease muscle spasms. Flexeril is recommended as an option, using a short course. The medical records do not document the presence of muscle spasm on examination. The guidelines state muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. The patient has been recommended Naproxen to address her complaints. The addition of cyclobenzaprine to other agents is not recommended. Recommendation is the noncertified request for Flexeril.

THE PROSPECTIVE REQUEST FOR PROTONIX 20MG #60 AND THE PRESCRIPTION PROVIDED ON 10/24/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The CA MTUS guidelines state PPI may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The medical records do not establish any of these potential risk factors apply to this patient. In addition, if she did have such risk factors for gastrointestinal events, Prilosec would be recommended. The guidelines state other PPIs, such as Protonix should be considered only as second-line therapy. Consequently, the request is recommended as non-certified.