

Case Number:	CM14-0001506		
Date Assigned:	01/22/2014	Date of Injury:	02/02/2012
Decision Date:	06/19/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/03/2014

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 injured worker is a 69 year old female who reported an injury on 02/02/2012 due to an unknown mechanism. The clinical note dated 01/14/2014 included diagnoses of enthesopathy not otherwise specified, rotator cuff syndrome of shoulder and allied disorders, cervicgia and pain in joint of shoulder. The injured worker reported back pain that bothered her most when she walked. She rated her pain at 6/10 and reported the pain was better with the application of cold and worse when she first started to walk; she reported that after walking a few minutes the pain decreased. The injured worker indicated her right shoulder pain was increased. The injured worker reported pain symptoms are somewhat alleviated by medications. On physical exam of the lumbar spine, the range of motion findings were restricted with flexion to 50 degrees, extension to 20 degrees, right lateral bending to 20 degrees and left lateral bending to 20 degrees. Assessment of the injured worker's shoulder range of motion revealed abduction to 150 degrees, flexion to 130 degrees and extension to 40 degrees. The Kemps maneuver was positive. The injured worker had several nerve block injections to her back, she completed 12 sessions of physical therapy with some relief, and she completed 6-8 sessions of acupuncture. The clinical note indicated the injured worker signed an opioid agreement and random urine toxicology screens were performed. The risk and benefits of continuation of medication including proper use, side effects and potential for addiction were discussed with the injured worker. The injured worker's medication regimen included hydrocodone-acetaminophen, cyclobenzaprine, crestor, gabapentin and lorazepam. There was no request for authorization submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/ACETAMINOPHEN 10/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIODS Page(s): 74-95.

Decision rationale: The request for Hydrocodone/Acetaminophen 10/325mg is not medically necessary. The injured worker reported back pain that bothered her most when she walked. The California Chronic Pain Medical Treatment Guidelines recommend the lowest possible dose should be prescribed to improve pain and function. 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 pain relief lasts the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was a lack of an adequate and complete pain assessment within the documentation. There was a lack of documentation of significant functional improvement with the medication. Furthermore, the guidelines recommend the lowest possible dose should be prescribed 10/325mg exceeds the guidelines recommendation of 5/325mg. Therefore, per CA MTUS guidelines, the request for Hydrocodone/Acetaminophen is not medically necessary.

CYCLOBENZAPRINE 7.5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle Relaxants..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 63.

Decision rationale: The request for Cyclobenzaprine 7.5mg is not medically necessary. The injured worker was diagnosed with enthesopathy not otherwise specified, rotator cuff syndrome of shoulder and allied disorders, cervicgia and pain in joint of shoulder. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The documentation lacks evidence of this medication providing the desired effects for the injured worker including significant functional improvement. The request does not provide the quantity of the Cyclobenzaprine being requested. The injured worker has been prescribed cyclobenzaprine since at least 0718/2013. Therefore, per CA MTUS guidelines, the request for Cyclobenzaprine 7.5mg is not medically necessary.

CRESTOR 10MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Rxlist.com

Decision rationale: The request for Crestor 10mg is not medically necessary. The injured worker reported back pain that bothered her most when she walked. According to rxlist.com, Crestor reduces levels of bad cholesterol (low-density lipoprotein) and triglycerides in the blood, while increasing levels of good cholesterol (high-density lipoprotein). There is lack of evidence in the records indicating the injured worker has high cholesterol for which the medication would be indicated. The requesting physicians rationale for the request was unclear. Therefore, the request for Crestor is not medically necessary.

GABAPENTIN 400MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy Drugs, Pa.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy Drugs Page(s): 18.

Decision rationale: The request for Gabapentin 400 mg is non-certified. The injured worker was diagnosed with enthesopathy not otherwise specified, rotator cuff syndrome of shoulder and allied disorders, cervicgia and pain in joint of shoulder. The California Chronic Pain Medical Treatment Guidelines note that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The guidelines note Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is no mention of muscle weakness or numbness, as well as other findings which would indicate neuropathy. It did not appear the injured worker had diagnoses which would indicate the injured workers need for the medication. The efficacy of the medication was unclear within the provided documentation. In addition, the request does not provide a quantity for the Gabapentin. Therefore, per CA MTUS guidelines, the request for Gabapentin 400 mg is non-certified.

LORAZEPAM 1MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for Lorazepam 1mg is not medically necessary. The injured worker was diagnosed with enthesopathy not otherwise specified, rotator cuff syndrome of shoulder and allied disorders, cervicgia and pain in joint of shoulder. The California Chronic Pain Medical Treatment Guidelines . The California MTUS Guidelines does not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The injured worker has been prescribed alprazolam since at least 0718/2013; this time frame exceeds the guideline recommendations. The efficacy of the medication was unclear within the provided documentation. In addition, the request does not provide a quantity for the Lorazepam. Therefore, per the CA MTUS guidelines, the request for Lorazepam 1mg is not medically necessary.