

Case Number:	CM14-0004218		
Date Assigned:	02/07/2014	Date of Injury:	01/20/2011
Decision Date:	09/05/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/10/2014

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 and Rehabilitation and Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 41-year-old male with a reported date of injury on 01/20/2011. He acquired this injury while unloading metal gates from a truck. The injured worker's medication regimen included anti-inflammatories and Terocin patches. The physician also ordered Norco, Percocet, amoxicillin, Flexeril, Protonix, Zofran, and gabapentin for postoperative care. It was not made clear which medications were previous medications and ongoing or which medications were new prescriptions. Prior treatments included physical therapy, injections, TENs unit, muscle relaxants, and a home exercise program. The injured worker had an examination on 04/22/2014 with complaints of tenderness along the left shoulder, the rotator cuff and the biceps tendon with 5-/5 weakness against resistance secondary to pain. The injured worker had a positive impingement sign, Hawkins sign, and Speed test on the left. He reported that he did have persistent shoulder pain and has failed conservative treatment and wanted to proceed with surgery. The physician's treatment plan included recommendations to proceed with left shoulder surgery including a left shoulder arthroscopic decompression, revised Mumford procedure, and evaluation of the labrum on 04/28/2014. He received medications to include Norco 10/325 mg for 1-week supply for postop, Percocet, Terocin patches, amoxicillin, Flexeril, Protonix for upset stomach, LidoPro lotion, Zofran for nausea, and gabapentin for neuropathic pain. The request for authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 600 MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs Page(s): 18-19.

Decision rationale: The request for the gabapentin 600 mg #180 is not medically necessary. The California MTUS Guidelines recommend gabapentin as a first line treatment for neuropathic pain, although there is limited evidence to show that this medication is effective for postoperative pain. The California MTUS Guidelines recommend an adequate trial with gabapentin as a 3 to 8 week for titration. The documentation indicates the physician is recommending the medication for post-operative use; however, the guidelines note there is limited evidence to show that this medication is effective for postoperative pain. The documentation notes the surgery was scheduled for 04/28/2014. There is not enough documentation indicating why the injured worker would need continued post-operative medications as the injured worker is now approximately 4 months post-operative. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for the gabapentin 600 mg #180 is not medically necessary.

REMERON 15MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: The request for Remeron 15 mg #30 is not medically necessary. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain. Although, assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in other analgesics medications, sleep quality, duration, and psychological assessment. An adequate and complete pain assessment is not provided within the medical records. There is not enough documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician's rationale for the request is not indicated within the provided documentation. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for the Remeron 15 mg is not medically necessary.

PROTONIX 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Protonix 20 mg # 60 is not medically necessary. The California MTUS guidelines recommend the use of a proton pump inhibitor (such as omeprazole) for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no history of peptic ulcer, gastrointestinal bleed, or perforation. There is no documentation indicating the injured worker had any significant gastrointestinal issues. The injured worker is not currently using aspirin, corticosteroids, and/or an anticoagulant and he is not on a high dose of multiple NSAIDs. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for the Protonix is not medically necessary.

NORCO 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: The request for Norco 10/325 mg #120 is not medically necessary. The California MTUS Guidelines recommend for ongoing monitoring of opioids the review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The injured worker was prescribed this medication for postoperative pain on 04/22/2014. The documentation notes the surgery was scheduled for 04/28/2014. There is not enough documentation indicating why the injured worker would need continued post-operative medications as the injured worker is now approximately 4 months post-operative. There is not enough documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request is not medically necessary.