

Case Number:	CM14-0008517		
Date Assigned:	02/12/2014	Date of Injury:	04/04/2007
Decision Date:	07/24/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/21/2014

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 Occupational Medicine 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:

This is a 64-year-old female with a 4/4/07 date of injury after a mail metal door slammed into her back and right upper extremity. The patient was seen for follow up of right shoulder, neck, and low back pain documented from June 2013 to January 2014. She is noted to have been on Norco 2 tablets daily PRN pain, Ultram, and Anaprox from June 2013 to November 2013. She was last seen on 1/15/14 with ongoing complaints of low back pain 8/10 with radiation down the bilateral lower extremities (attributed to a bathroom fall on 9/25/13) right shoulder pain and neck pain. The patient is noted to be on Norco 2 tablets daily as needed for pain, which has been effective, and Anaprox. Exam findings revealed tenderness over the right trapezius and scapula, with decreased cervical, lumbar, and right shoulder range of motion. Straight leg raise was positive bilaterally, and there was decreased sensation in the L5/S1 dermatomes bilaterally. Her diagnosis is right shoulder internal derangement status post arthroscopic surgery 3/27/10, cervical sprain, and lumbar myoligamentous injury. Treatment to date: physical therapy, medications, chiropractic treatment, and right shoulder surgery, trigger point injections. The request for Norco, Ultram, and Anaprox received an adverse determination on 12/31/13 for unknown reasons.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on this medication long term, at the same dose. She is noted to have undergone trigger point injections on several occasions in 2013 but her oral analgesics were never adjusted. There is no adequate description of decrease in VAS or functional gains with the ongoing use of this medication. There is no evidence of CURES report or urine drug screens, or a pain contract. Therefore, the request as submitted was not medically necessary.

ULTRAM ER 150MG #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 Opioids Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on this medication long term. She is noted to have undergone trigger point injections on several occasions in 2013 but her oral analgesics were never adjusted. There is no adequate description of decrease in VAS or functional gains with the ongoing use of this medication. There is no evidence of CURES report or urine drug screens, or a pain contract. Therefore, the request as submitted was not medically necessary.

ANAPROX DS 550MG #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 Page(s): 67.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. The patient has been on this medication long term. She is noted to have undergone trigger point injections on several occasions in 2013 but her oral analgesics were never adjusted. There is no adequate description

of decrease in VAS or functional gains with the ongoing use of this medication. Therefore, the request as submitted was not medically necessary.