

Case Number:	CM14-0015897		
Date Assigned:	06/04/2014	Date of Injury:	07/14/2009
Decision Date:	07/21/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/07/2014

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 Illinois. 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 36-year-old male who reported an injury on 07/14/2009. The mechanism of injury was not cited within the documentation provided. In the clinical note dated 01/10/2014, the injured worker complained of low back pain with no radiation rated 8/10. He also complained of occasional right shoulder pain with no radiation rated 8/10. He reported that his current pain regimen was somewhat helpful in alleviating his pain symptoms. The examination of the low back revealed tenderness to palpation at L4-L5 paravertebral muscle regions bilaterally and a positive straight leg raise bilaterally. The examination of the right shoulder revealed tenderness to palpation to the posterior rotator cuff region with pain on abduction only. An MRI of the right ankle dated 06/26/2013 revealed a 7.3 mm focal chondral defect within the medial aspect of the talar dome with adjacent marrow edema and ankle mortise joint effusion. An MRI of the left shoulder was performed on 06/27/2013. An MRI of the right knee dated 06/26/2013 revealed quadriceps tendinosis. The diagnoses included low back pain and right shoulder strain. The treatment plan included maintaining the injured worker's pain regimen, which consisted of Cartivisc, Flexeril, Naprosyn, Omeprazole, Norco, and Fioricet, the dosages and frequencies of the medications were not indicated. There were no prior treatments noted within the document. There was a request for acupuncture therapy twice a week for 4 weeks and a re-evaluation in 4 weeks to determine progress. The Request for Authorization for Naprosyn, Omeprazole, Norco, Fioricet and additional 8 acupuncture treatments for the right ankle and the right knee with rationale was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NAPROSYN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 70-73.

Decision rationale: The request for prescription of Naprosyn is not medically necessary. The California MTUS Guidelines state that NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. NSAIDs are recommended as a second-line treatment after acetaminophen. Naprosyn is recommended 250 to 500 mg by mouth twice daily. The maximum dose on day 1 should not exceed 1250 mg dose and 1000 on subsequent days. In the clinical notes provided for review, it is indicated that the injured worker stated that his current pain medication regimen was somewhat helpful at alleviating his pain symptoms. The injured worker rated his pain level status at 8/10 to his lower back; however, it is not indicated if this is with or without prescribed pain medication. The request also does not indicate the frequency, dosage, or quantity of the medication being requested. The injured worker has been prescribed the medication since at least 08/2013. Furthermore, the requesting physician's rationale for the request was not provided within the medical records. Therefore, the request for prescription of Naprosyn is not medically necessary.

PRESCRIPTION OF OMEPRAZOLE: 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 NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The request for the prescription of Omeprazole is not medically necessary. The California MTUS Guidelines state proton pump inhibitors are recommended for patients taking NSAIDs with current gastrointestinal problems or those at risk for gastrointestinal event. The risks for gastrointestinal event include: age greater than 65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID use. Within the clinical notes provided for review, there is a lack of documentation of the injured worker having gastrointestinal issues or significant signs and symptoms. There is also a lack of documentation of the efficacy of the medication. Furthermore, there is no annotation of the injured worker having a history of GI bleeding, perforation or peptic ulcer. The rationale for the request was not provided in the medical records. Therefore, the request for prescription of Omeprazole is not medically necessary.

PRESCRIPTION OF NORCO: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: The request for the prescription of Norco is not medically necessary. The California MTUS Guidelines state that Norco is indicated for moderate to moderately severe pain. The Guidelines also state that Norco appears to be efficacious but limited for short term pain relief, and long term efficacy is unclear (greater than 16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of re-assessment and consideration of alternative therapy. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A full pain assessment should be performed including 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The submitted request does not specify the dosage, frequency, and quantity of the medication being requested. There is also a lack of documentation of an adequate and complete pain assessment. The clinical notes also indicate that the injured worker had somewhat helpful pain alleviation with his pain medication regimen; however, there is a lack of documentation indicating the injured worker has objective functional improvement with the medication. Therefore, the request for prescription of Norco is not medically necessary.

PRESCRIPTION OF FIORICET: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbituate-Containing Analgesic Agents.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 80, 91.

Decision rationale: The request for the prescription of Fioricet is not medically necessary. The California MTUS Guidelines state that barbiturates containing analgesic agents are not recommended for chronic pain. The potential for drug dependence is high and exists to show a clinically important enhancement of analgesic efficacy of barbiturate containing analgesic agents due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. In the clinical notes provided for review, the injured worker did not indicate a need for headache pain relief. It was noted that the injured worker complained of low back pain and right shoulder pain. Furthermore, the Guidelines do not recommend the use of barbiturate containing analgesic agents due to the risk of medication overuse as well as rebound headache. The injured worker has been prescribed the medication since at least 01/2014. The provider did not include adequate documentation indicating the efficacy of the medication. Additionally, the

request does not indicate the frequency at which the medication is requested, the dosage of the medication being requested, and the quantity of the medication being requested in order to determine the necessity of the medication. Therefore, the request for the prescription of Fioricet is not medically necessary.

ADDITIONAL 8 ACUPUNCTURE TREATMENTS FOR THE RIGHT ANKLE AND RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for additional 8 acupuncture treatments for the right ankle and right knee is not medically necessary. The Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The frequency and duration of acupuncture and time to produce functional improvement is 3 to 6 treatments with a frequency of 1 to 3 times a week and optimum duration of 1 to 2 months. In the clinical notes provided for review, there is a lack of documentation of the progress and the completion of the prior sessions of acupuncture. Also, the injured worker complained of low back pain and right shoulder pain with no indication of right ankle and right knee pain. Additionally, there is no physical examination of the right knee or right ankle with functional status, range of motion, or pain level status. Therefore, the request for additional 8 acupuncture treatments for the right ankle and right knee is not medically necessary.