

Case Number:	CM14-0111490		
Date Assigned:	08/01/2014	Date of Injury:	04/01/2002
Decision Date:	10/15/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/17/2014

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 has a subspecialty in Interventional Spine 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 65 year old female with an injury date of 04/01/02. The 06/27/14 report by [REDACTED] states that the patient presents with pain in the right hand, left thumb, left shoulder and neck. The examinations noted on these handwritten reports are illegible. The utilization review being challenged is dated 07/08/14. Reports were provided from 02/14/12 to 08/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, count 60.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS; Page(s): 78, 88, 89.

Decision rationale: The patient presents with pain in the right hand, left thumb, left shoulder and neck. The physician requests for Norco 10/325 mg count 60. Reports provided show this as a continuing medication since at least 04/11/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As

(analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided lack pain assessment measure documentation. A urine toxicology report dated 03/07/14 reports the hydrocodone test result as expected for a prescribed medication; however, other opiate management issues are not discussed. Furthermore, no specific ADL's are mentioned to show a significant change with use of this medication. Sufficient documentation has not been provided for long term opiate use as required by MTUS above. Therefore, the request for Norco 10/325mg, count 60. is not medically necessary and appropriate.

Prilosec 20 mg, count 60 with 2 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with pain in the right hand, left thumb, left shoulder and neck. The physician requests for Prilosec 20 mg, count 60 with 2 refills. Treatment reports provided do not show how long the patient has been taking this medication. None of the reports provided discuss this medication. The MTUS Guidelines state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events: 1. Age is more than 65 years; 2. History of peptic ulcers, GI bleeding, or perforations; 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant; 4. High-dose multiple NSAIDs. There is no discussion of this medication in the reports provided, and the physician does not provide GI assessment as required by MTUS. Therefore, the request for Prilosec 20 mg, count 60 with 2 refills. is not medically necessary and appropriate.

Baclofen 10 mg, count 60.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009).

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

Decision rationale: The patient presents with pain in the right hand, left thumb, left shoulder and neck. The physician requests for Baclofen 10 mg count 60. The reports provided do not list or discuss this medication. It is unknown how the patient has been taking it. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in

combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." In this case, the physician does not discuss the efficacy or use of this medication and it is not stated to be used for short term. Therefore, the request for Baclofen 10 mg, count 60. is not medically necessary and appropriate.