

<b>Case Number:</b>	CM14-0021576		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	11/29/2000
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 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 61 year old male who reported an injury on 11/29/2000. The mechanism of injury was not provided. The diagnoses included right shoulder subacromial impingement, right shoulder adhesive capsulitis, and left shoulder impingement and AC joint inflammation. Per the 01/08/2014 clinical note, the injured worker reported radiating bilateral shoulder pain rated 5/10 without medications and 2/10 with medications. It was noted the injured worker had insomnia related to his pain and depression which was being managed by his primary care provider. Objective findings included bilateral shoulder abduction to 90 degrees with discomfort. Bilateral shoulder strength was noted as 4-5/5 against resistance. It was noted the neurologic examination was within normal limits. The current medications included Flexeril 10mg, Naproxen 500mg, Protonix 20mg, Remeron 15mg, and Vicodin 5/500mg. The provider noted Protonix was used to prevent or treat stomach upset related to medication use. Remeron was prescribed to improve sleep. Per the 01/22/2014 clinical note, the injured worker reported spasms which were decreased by Flexeril. It was noted using Remeron helped him to sleep longer as opposed to not using Remeron. Objective findings included bilateral upper extremity abduction to 90 degrees. The provider prescribed Norco 10/325mg, Flexeril 10mg, Naproxen 500mg, Remeron 15mg, and Protonix. The request for authorization form was not present in the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST (DOS: 1/22/14) FOR NORCO 10/325MG #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** The retrospective request (DOS: 1/22/14) for Norco 10/325mg #120 is non-certified, retrospectively. Regarding opioid management, the CA MTUS guidelines state there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records provided indicate a prescription for Vicodin 5/500mg from 09/11/2013 until 01/22/2014, when the injured worker's medication was changed to Norco 10/325mg. The injured worker reported his pain decreased from 5/10 to 2/10 with the use of his Vicodin. The rationale for the changed dose was not provided. There is also a lack of documentation regarding functional improvements, appropriate medication use, and side effects to evaluate the necessity of ongoing use. As such, the request is not medically necessary.

**RETROSPECTIVE REQUEST (DOS: 1/22/14) FOR FLEXERIL 10MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** The retrospective request (DOS: 1/22/14) for Flexeril 10mg #60 is non-certified, retrospectively. The CA MTUS guidelines recommend Flexeril as an option, using a short course of therapy. Treatment should be brief. The medical records provided indicate an ongoing prescription for Flexeril since at least 09/11/2013. The guidelines do not support the long term use of Flexeril. In addition, there was a lack of documented objective findings to indicate the injured worker was experiencing muscle spasms that would warrant the use of Flexeril. As such, the request is not medically necessary.

**RETROSPECTIVE REQUEST (DOS: 1/22/14) FOR NAPROXEN 500MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The retrospective request (DOS: 1/22/14) for Naproxen 500mg #60 is non-certified. The CA MTUS guidelines recommend the lowest dose for the shortest period in patients with moderate to severe pain. The retrospective request (DOS: 1/22/14) for Naproxen 500mg #60 is non-certified. The CA MTUS guidelines recommend the lowest dose for the shortest period in patients with moderate to severe pain due to potential adverse effects. The medical

records provided indicate an ongoing prescription for Naproxen since at least 09/11/2013. The injured worker stated Vicodin helped reduce his pain from 5/10 to 2/10 but the efficacy of Naproxen is not addressed. The injured worker is also taking Protonix for gastrointestinal upset from his medications. Since the efficacy cannot be determined and the injured worker appears to be experiencing adverse effects, the continued use of Naproxen is not supported at this time. There are also no objective findings that would indicate the need for an anti-inflammatory medication. The medical necessity for continued use of Naproxen was not established. As such, the request is not medically necessary.

**RETROSPECTIVE REQUEST (DOS: 1/22/14) FOR REMERON 15MG #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental and Stress, Insomnia treatment.

**Decision rationale:** The retrospective request (DOS: 1/22/14) for Remeron 15mg #30 is non-certified, retrospectively. The Official Disability Guidelines state sedating antidepressants (e.g., amitriptyline, Trazodone, Mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The provider noted Remeron (Mirtazapine) was for the injured worker's insomnia and depression. There are no documented diagnoses of insomnia or depression. The subjective complaints and review of systems are very vague. It was noted the injured worker was experiencing "elements of depression" but specific symptoms to evaluate his depression were not provided. The efficacy of the medication cannot be determined from the documents provided. In addition, the medical records provided indicate the injured worker was receiving an antidepressant from his primary care physician, who was managing his depression. The injured worker could not recall the name of the antidepressant. There is a lack of documentation regarding the discontinuation of that medication. The guidelines do not support the use of sedating antidepressants for insomnia and Remeron cannot be safely recommended without knowing if the injured worker is taking another antidepressant. As such, the request is not medically necessary.

**RETROSPECTIVE REQUEST (DOS: 1/22/14) FOR PROTONIX: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

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

**Decision rationale:** The retrospective request (DOS: 1/22/14) for Protonix is non-certified, retrospectively. The CA MTUS guidelines recommend proton pump inhibitors for patients with current gastrointestinal problems or those at risk for gastrointestinal event. Risks for

gastrointestinal event include: age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID use. There is no indication the injured worker was currently experiencing gastrointestinal problems or had a history of peptic ulcer or GI bleed that would warrant the use of Protonix. The provider noted Protonix was to "prevent or treat" stomach upset from taking medications. However, there are no subjective complaints of stomach upset to support that rationale. The efficacy of the medication is unclear. In addition, the submitted request does not specify a dose or frequency. As such, the request is not medically necessary.