

Case Number:	CM14-0021888		
Date Assigned:	05/09/2014	Date of Injury:	04/10/2013
Decision Date:	07/10/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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 47 year old male who sustained an injury on 04/10/13. No specific mechanism of injury was reported. The injured worker has been followed for complaints of persistent right shoulder pain as well as low back pain. Prior treatment has included physical therapy for the shoulder as well as epidural steroid injections for the lumbar spine. As of 01/07/14, the injured worker continued to report both right shoulder and low back pain as well as neck pain. The injured worker reported decreased range of motion in the cervical spine and in the right shoulder. On physical examination, there was loss of range of motion in the cervical spine on flexion and extension. The injured worker had some loss of range of motion on flexion and abduction in the right shoulder. There was also tenderness noted at the right lateral epicondyle with mildly positive Tinel's signs. No motor weakness in the upper extremities was noted. In the lumbar spine, there was some loss of range of motion with a positive straight leg raise reported to the left at 60 degrees reproducing lower extremity symptoms. The injured worker had noted weakness at the left extensor hallucis longus and could not tolerate heel walking to the left. Reflexes were decreased at the Achilles to the left side. Electrodiagnostic studies previously performed noted abnormal findings consistent with a left sural and saphenous neuropathy as well as a possible L4-5 radiculopathy. It appears that the injured worker had been recommended for a surgical intervention for the right shoulder. This evaluation did recommend further physical therapy and ongoing pain management. On 01/08/14, the injured worker was seen by [REDACTED]. The injured worker continued to report low back pain radiating to the left lower extremity as well as right shoulder pain. The injured worker reported good relief from prior epidural steroid injections and had been attending acupuncture and massage therapy since April of 2012. Physical examination noted loss of lumbar range of motion with pain and spasms over the spinous processes from L4 to S1 as well as pain over the facets. There was positive

facet loading noted to the left. Straight leg raise was reported as negative at this evaluation. There was continuing loss of range of motion in the right shoulder. Recommendations were for facet blocks from L4 through S1 at the medial branches to determine whether radiofrequency ablation would be indicated. Continued medications included Ultracet every 12 hours for severe pain, Relafen 500mg twice daily, Norflex 100mg, and Omeprazole for reported dyspepsia. The injured worker was also utilizing a topical compounded medication that included Flurbiprofen, Cyclobenzaprine, Tramadol, and Gabapentin. Follow up on 02/12/14 noted persistent complaints of pain in the right shoulder as well as at the low back. The injured worker reported no side effects from medications. Urinary drug screen results were reported to be positive for Tramadol. Physical examination continued to note facet mediated pain in the lumbar spine. The report indicated there was no clear evidence for lumbar radiculopathy. The injured worker was reported to have a reduction in pain with the medications. The injured worker did undergo a right shoulder arthroscopy on 03/07/14. The requested left lumbar diagnostic facet blocks at L4-5 and L5-S1 as well as Relafen 500mg, quantity 60, Norflex 100mg, quantity 60, Omeprazole 20mg, quantity 60, and Ultracet 37.5/325mg, quantity 60 were all denied by utilization review on 01/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

RELAFEN 500 MG #600 I TABLET ORALLY TWICE DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON SELECTIVE NSAIDS Page(s): 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids Page(s): 67-68.

Decision rationale: In regards to the use of Relafen 500mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of prescription non-steroidal anti-inflammatory medications (NSAIDs) is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare ups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the claimant's known chronic pain. As such, the patient could reasonably transition to a over-the-counter medication for pain. This reviewer would not recommend the request.

NORFLEX 100 MG #60 1 AT BEDTIME: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY /ANTISPASMODIC DRUGS Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the use of Norflex 100mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short-term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this reviewer would not have recommended certification for ongoing use of this medication.

OMEPRAZOLE 20 MG #60 1 ORALLY TWICE DAILY: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, proton pump inhibitors.

Decision rationale: In regards to the request for Omeprazole 20mg, quantity 60, this reviewer would have recommended this medication as medically necessary based on review of the clinical documentation submitted as well as ODG recommendations. The injured worker was noted to have dyspepsia with the ongoing use of medications. Given the injured worker's ongoing dyspepsia as a gastrointestinal side effect from multiple medications, the use of Omeprazole as a proton pump inhibitor to prevent this side effect from occurring would have been medically reasonable and necessary. Therefore, this reviewer would have recommended the request.

ULTRACET 37.5/325 #60 1 ORALLY EVERY 12 HOURS FOR SEVERE PAIN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, Opioids, Specific Drug List.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

Decision rationale: In regards to the use of Ultracet 37.5/325mg, quantity 60, this reviewer would not have recommended this medication as medically necessary. The clinical documentation did not identify any specific functional benefit or pain reduction attributed to the use of Ultracet to warrant its ongoing use. Ultracet can be considered an option in the treatment of moderate to severe musculoskeletal complaints. However, guidelines do recommend there be ongoing assessments identifying functional benefit and pain reduction obtained with the continued use of analgesics such as Ultracet. As this was not clearly noted in the clinical records provided for review, this reviewer would not have recommended this request.