

Case Number:	CM14-0031894		
Date Assigned:	06/20/2014	Date of Injury:	10/10/2000
Decision Date:	12/22/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/11/2014

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 Internal 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 71 year old female with cumulative injuries to the back, bilateral shoulders and lower extremities related to heavy lifting and cooking and jamming carts through "stuck" automatic doors. The date of injury is 10/10/2000. Per the most recent Primary Treating Physician's Progress Report submitted, dated 2/06/2014, the injured worker was seen for her right shoulder injury. Magnetic resonance imaging (MRI) of the right shoulder dated 10/12/2012 revealed a full thickness rotator cuff tear and surgery was planned. X-rays of the left knee dated 5/30/2012 revealed a possible bipartite patella or less likely a chronic non-displaced fracture of the lateral patella and mild osteoporosis. X-rays of the spine dated 6/25/2012 revealed osteoporosis, very mild thoracolumbar dextroscoliosis and degenerative changes with marked disc space narrowing and mild osteophyte formation. She reported pain in the left shoulder with range of motion and no pain in the right shoulder. Physical examination revealed kyphosis and an antalgic gait, bilateral shoulders with decreased range of motion, left greater than right; there were slight generalized tenderness to palpation of the shoulder and some left knee tenderness. Diagnoses included chronic pain, osteoarthritis of the left knee, rotator cuff rupture, biceps tendinitis, rotator cuff syndrome, degenerative joint disease, lumbosacral spondylosis without myelopathy, and shoulder pain. The plan of care was medication management and physical therapy. She was noted to be in a pain management program. On February 5, 2014, Utilization Review modified a prescription for Norco 10/325mg, and non-certified prescriptions for Flector 1.3% patch, Cymbalta 60mg CPEP and Prilosec 20 mg for lack of documentation of functional improvement. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg: 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 Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg was not medically necessary. Ongoing, chronic opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the medical record contains evidence there was no pain in the right shoulder with a range of motion although range of motion was limited by 50%. There was slight tenderness palpation in the left shoulder. Range of motion was also slightly limited. The injured worker's diagnosis for osteoarthritis left knee, rotator cuff sprain and strain, complete rupture of rotator cuff, biceps tendinitis, rotator cuff syndrome, degenerative joint disease, lumbosacral spondylosis without myelopathy, chronic pain syndrome and shoulder pain. The stated reason for the requested medication was they were useful in keeping the patient functioning. There was no objective functional improvement noted in the medical record. Additionally, the injured worker has been using Norco as far back as September 19, 2013. There is no documentation, pain assessments to support long-term ongoing use. Also, the amount and frequency for the drug to be taken was not present in the request. Consequently, Norco 10/325 mg is not medically necessary.

Flector 1.3% patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111, 112 and 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flector Patch 1.3% is not medically necessary. Topical analgesics are largely experimental with you controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The Flector patch is Diclofenac, and anti-inflammatory topical patch. There indicated for acute strains, sprains and contusions. In this case, the medical record contains evidence there was no pain in the right shoulder with a range of motion although range of motion was limited by 50%. There was slight tenderness palpation in the left shoulder. Range of motion

was also slightly limited. The injured worker's diagnosis for osteoarthritis left knee, rotator cuff sprain and strain, complete rupture of rotator cuff, biceps tendinitis, rotator cuff syndrome, degenerative joint disease, lumbosacral spondylosis without myelopathy, chronic pain syndrome and shoulder pain. The reason for the requested medication was they were useful in keeping the patient functioning. There was no objective functional improvement noted in the medical record. Additionally, the injuries were not acute or chronic. The injured worker has been using Flector patch as far back as September 19, 2013. Consequently, Flector patch 1.3% is not medically necessary.

Cymbalta 60 mg CPEP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific anti-depressants: Selective serotonin and norepinephrine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Cymbalta

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cymbalta 600 mg CPEP is not medically necessary. Cymbalta is recommended as an option in first-line treatment of neuropathic pain. It is FDA approved for treatment of depression, generalized anxiety disorder, and for treatment of pain related to diabetic neuropathy. In this case, the medical record contains evidence there was no pain in the right shoulder with a range of motion although range of motion was limited by 50%. There was slight tenderness palpation in the left shoulder. Range of motion was also slightly limited. The injured worker's diagnosis for osteoarthritis left knee, rotator cuff sprain and strain, complete rupture of rotator cuff, biceps tendinitis, rotator cuff syndrome, degenerative joint disease, lumbosacral spondylosis without myelopathy, chronic pain syndrome and shoulder pain. The reason for the requested medication was they were useful in keeping the patient functioning. There was no objective functional improvement noted in the medical record. The injured worker has been using Cymbalta as far back in a progress note dated September 19, 2013. There is no medical indication for the continued use of Cymbalta for this length of time absent objective functional improvement. Consequently, Cymbalta 600 mg CPEP is not medically necessary.

Prilosec 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Effects Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, NSAID, GI Effects

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20 mg is not medically necessary. Prilosec is a proton pump inhibitor. Proton pump inhibitors are indicated in individuals taking non-steroidal anti-

inflammatory drugs when specific risk factors are present. These risk factors include, but are not limited to age greater than 65 years; history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin, corticosteroids and/or anticoagulant; or high-dose/multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker had none of the comorbid conditions or past medical history compatible with the risk factors enumerated above. Specifically, there is no history of peptic ulcer disease, G.I. bleeding, perforation, aspirin or steroid use, or multiple dose non-steroidal anti-inflammatory drug use. Additionally, the documentation indicates the injured worker has been taking Prilosec since September 19, 2013. Also, the Prilosec request does not have directions for frequency and quantity. Consequently, Prilosec 20 mg is not medically necessary.