

Case Number:	CM14-0040381		
Date Assigned:	06/20/2014	Date of Injury:	11/19/2010
Decision Date:	12/26/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/06/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 60 year old female reported an injury on 11/19/2010 that resulted in chronic complaints of pain to the right shoulder and bilateral wrists and hands; as well as depression. Diagnoses include right shoulder pain, right rotator cuff impingement, right acromioclavicular joint arthrosis, superior labral tear and partial tear of the supraspinatus and subscapularis-status post-surgery on 5/14/2014, SLAP tear of right shoulder, carpal tunnel syndrome, chronic pain syndrome and severe depression. She remains on temporary total disability (TTD). Treatment includes consultations and medication management with Norco for severe pain, Flexeril for acute muscle spasm flare-ups, Gabapentin for neuropathic pain, Celebrex for inflammation, Nucynta ER, and Zantac for gastrointestinal upset from Norco and Gabapentin. Diagnosis is noted to include carpal tunnel syndrome, shoulder region disorder, osteoarthritis, and recurrent major depressive disorder. Progress notes dated 8/23/2013, show continued complaints of pain to the right shoulder and bilateral wrists and hand, rated 8/10 without medication management and 5/10 with her medications and physical therapy. Also stated is that prolonged activity aggravates her pain and that she underwent right shoulder surgery. Progress notes of 9/23/2013 show no significant change in complaints and a relatively benign and unchanged physical assessment. The injured worker continues to state that physical therapy and her medication regimen continue to control her pain. Complaints remain without significant change on the Progress notes dated 9/23/2013, the injured worker denied any new symptoms, or neurological changes, and continued to report that physical therapy and her medication regimen helped her pain and increased function. The IW is noted to have signed an Opioid Contract for chronic intractable pain and was prescribed Norco 10mg/325 mg, 1 tablet, 4 times a day as needed for pain, and Flexeril 7.5 mg, 1 tablet at bed time as needed. The Progress Notes dated 10/22/2013 show no change in complaints of pain or in physical findings, she denies any new symptoms or neurological changes; and that the

injured worker stated interest in taking more Norco to help with her pain, and requested a refill of her Norco and Flexeril. Also noted is that the injured worker has completed physical therapy and will continue her HEP, heat, ice and H-wave therapies. The treatment plan included the discussion of changing Norco to a longer lasting pain medication but the Norco, and Flexeril, was kept at their current dosages at this time. The psychiatric update, dated 10/30/2013, shows overall improvement, no change in medication management, and no change in disability status from "totally disable from any gainful employment". Progress Notes dated 1/14/2014 show no significant changes to her complaints or assessment findings. The pain medication regimen was noted changed to include Nucynta ER, and she was interested in trying something new for her increased shoulder and neuropathic pain but would stay on her current regimen for now. A urine toxicology screening was performed with pending results. The Panel Medical Evaluation report, dated 1/20/2014, states an acute onset of pain on 11/19/2010 while hanging clothes overhead and that further symptoms were really more cumulative trauma; denying a history of prior problems, that compliance to the medication regimen of 13 medicines a day is an issue, and that the pain has been present since the injury. This report shows a total of 5 surgeries, not otherwise noted in the records sent. A complaint of non-industrial leg pain that keeps her up at night is noted. The evaluator regards this case as complex and considers it to be a result of cumulative trauma; as evidenced by the nerve conduction studies. The findings included the injured worker to be permanent and stationary with regard to all body parts. An 80% probability was assigned to cumulative exposure arising out of or occurring in the course of employment which was chronic in nature, and 20% caused by other factors both before and subsequent to the industrial injury. Medical treatment was directed at providing prescription medicines which would reasonably include non-steroidal anti-inflammatories, muscle relaxers and judicious use of pain control agents for improved function. Caution was given about trying to treat her problem with chronic narcotics, especially given with Valium that might contribute to her depression; and because narcotics do not particularly help with neuropathic pain. Finally, the Progress notes dated 2/11/2014 shows no significant change in pain, objective findings or in the injured worker report of efficacy in her medication regimen in controlling her pain and increasing her function. The injured worker forgot to bring a copy of her Medical Evaluation Report or Qualified Medical Examiner report. Prescriptions for Norco, and Nucynta were given. No other medical records were available for my review. On 2/19/2014, Utilization Review non-certified a request for Flexeril, Celebrex, Lidoderm patch, Voltaren and Zantac, for not being medically necessary. Reasons provided include the lack of objective documentation of spasticity or hyper-tonicity for Flexeril; short-term versus long term use as well as lack of functional improvement is cited for Celebrex; use of topical Lidoderm for neuropathic pain are recommended with trials of anti-depressants or anticonvulsants and have been shown failed; also that documentation of well-demarcated neuropathic pain having failed the gamut of this trial class of medications is not noted to support medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg: Upheld

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

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

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, there was no recent evidence of Celebrex providing any measurable functional benefits with its use, as this was not documented in the progress notes. Also, chronic use of Celebrex is not recommended due to the side effect profile. Therefore, the Celebrex is not considered medically necessary.

Flexeril 7.5 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, she was using Flexeril chronically for the treatment of acute flare-ups; however, there was no evidence that she was experiencing acute spasms based on the subjective and objective evidence found in the documents provided. Therefore, the Flexeril is not medically necessary to continue.

Zantac 300 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) or H2-blocker in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs.

In the case of this worker, she was using Zantac for the purpose of treating "GI upset due to her pain medications", however, there was no evidence suggesting GI protection was medically necessary according to the evidence found in the documents provided for review. Therefore, the Zantac is not medically necessary to continue.

Lidoderm patch 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Topical Analgesics, Lidocaine Page(s): 56-57, 112.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical Lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical Lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was no evidence found in the notes provided showing failed attempts at treating her neuropathic pain with first line therapies before considering lidocaine. Also, there were no confirmation objective findings that show evidence for ongoing neuropathic pain. Therefore, continuation of Lidoderm is not medically necessary without this evidence present.

Voltaren 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photo contact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. The worker in this case was using both topical NSAIDs (Voltaren gel) and oral NSAIDs, which seems redundant. Also, there was no evidence of functional benefit attributed to Voltaren gel use, as this was not documented in the

recent progress notes, which is required before consideration for continuation of a drug. Therefore, without this evidence, the Voltaren gel is not medically necessary to continue. Also, the dose and frequency was not included in the request.