

Case Number:	CM14-0042790		
Date Assigned:	06/30/2014	Date of Injury:	05/29/2012
Decision Date:	08/21/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/09/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 27-year-old male who has submitted a claim for right brachial plexopathy per EMG, status post right shoulder arthroscopy, and medication-induced gastritis associated with an industrial injury date of 05/29/2012. Medical records from 2013 were reviewed. Patient complained of pain at the neck, right shoulder, and right hand associated with numbness and tingling sensation. Aggravating factors included repetitive movements, reaching overhead, pushing, pulling and lifting. He likewise reported weak right grip strength. Physical examination of the cervical spine and right shoulder showed restricted motion and tenderness. Right shoulder external rotator was graded 5-/5. Patient was unable to perform resisted salute secondary to pain. Grip strength of the right was markedly diminished upon dynamometer testing. Reflexes were normal. Sensation was diminished over the right upper extremity. Treatment to date has included right shoulder arthroscopy, spinal cord stimulator, physical therapy, chiropractic care, trigger point injections, and medications such as Norco, Gabapentin, Prilosec, Naproxen and FexMid. Utilization review from 03/31/2014 denied the request for Retro (DOS: 03/19/14-04/18/14) Anaprox DS 550mg #60 because there was no documentation of functional benefit from its use; denied Retro (DOS: 03/19/14-04/18/14) FexMid 7.5mg #60 because long-term use was not recommended; denied Retro (DOS: 03/19/14-04/18/14) Prilosec 20mg #60 because there was no documentation of functional benefit from its use; and denied Retro (DOS: 03/19/14-04/18/14) Norco 10/325mg #180 because it was unclear why weaning had not occurred.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS: 03/19/14-04/18/14) Anaprox DS 550mg #60: 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 Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on Anaprox since December 2013 and reported beneficial effects from its use. However, objective evidence of functional improvement was not evident. Moreover, long-term use was not recommended. Therefore, the request for Retro (DOS: 03/19/14-04/18/14) Anaprox DS 550 mg, #60 was not medically necessary.

Retro (DOS: 03/19/14-04/18/14) FexMid 7.5mg #60: 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 Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, patient has been on FexMid since December 2013 and reported beneficial effects from its use. However, medical records submitted and reviewed failed to provide evidence of muscle spasm. There was no clear indication for a muscle relaxant. Therefore, the request for Retro (DOS: 03/19/14-04/18/14) FexMid 7.5mg #60 was not medically necessary.

Retro (DOS: 03/19/14-04/18/14) Prilosec 20mg #60: Overturned

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.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this

case, patient has been on Prilosec since December 2013 for gastritis, associated with multiple oral medication intake. Guideline criteria were met. Therefore, the request for Retro (DOS: 03/19/14-04/18/14) Prilosec 20mg #60 was medically necessary.

Retro (DOS: 03/19/14-04/18/14) Norco 10/325mg #180: 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 Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since April 2013. However, the medical records did not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Retro (DOS: 03/19/14-04/18/14) Norco 10/325mg #180 was not medically necessary.