

Case Number:	CM14-0048253		
Date Assigned:	07/02/2014	Date of Injury:	08/01/1992
Decision Date:	08/22/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/16/2014

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:

The patient is a 50-year-old female, who has submitted a claim cervicalgia with radiculopathy and thoracic outlet syndrome, associated with an industrial injury date of August 1, 1992. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of left shoulder and arm pain. Physical examination of the shoulder and arm showed Tinel's test is abnormal on the left. Ulnar nerve compression test is abnormal on the left. Positive impingement test is moderate on the left. Positive for tenderness at AC joint- moderate left, anterior capsule - moderate left and trapezius muscle - moderate left. Adson's and Roos test were abnormal. Hyperabduction is abnormal. Neck exam revealed tenderness over the C2 to C3, C4 to C4 and C5 to C6 facet capsules. Treatment to date has included naprosyn, nucynta, percocet, vitamin D and radiofrequency ablation of left C2, C3, C5 and C5 medial branch nerve. Utilization review from March 20, 2014 denied the request for Percocet 5/325mg and Naprosyn 500 mg because of non-compliance from the medication guideline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 mg quantity 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 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: analgesia, activities of daily living, adverse side effects, and aberrant drug-taking 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 prescribed Percocet since at least September 2013. The medical records do not clearly reflect continued effective 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 Percocet 5/325, #180 is not medically necessary.

Naprosyn 500 mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS.

Decision rationale: As stated on page 67 of CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In this case, the patient has been on Naprosyn since September 2013, which is beyond what the guidelines suggest. In addition, documents submitted and reviewed did not show continued effective analgesia and continued functional benefit. The frequency and duration of the prescription was non-specific. Therefore, the request for Naprosyn 500 mg quantity 60 is not medically necessary.