

Case Number:	CM14-0069971		
Date Assigned:	07/14/2014	Date of Injury:	10/24/2008
Decision Date:	09/22/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/15/2014

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 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:

According to the records made available for review, this is a 35-year-old male with a 10/24/08 date of injury. At the time (3/25/14) of request for authorization for Norco 10/325 MG Quantity 60, Flexeril 7.5 MG Quantity 90, and Omeprazole DR 20 MG Quantity 60, there is documentation of subjective (continued right shoulder pain and left elbow pain with numbness) and objective (decreased right shoulder range of motion with spasms, positive impingement tests of the right shoulder, and positive Cozen's test of the left elbow with pain upon flexion and extension of the left elbow) findings, current diagnoses (status post cervical spine fusion, status post left shoulder surgery, right shoulder supraspinatus sprain/strain, right shoulder rotator cuff syndrome, left elbow ulnar nerve compression, right wrist carpal tunnel syndrome, and bilateral upper extremity radiculopathy), and treatment to date (ongoing therapy with Norco, Flexeril, and Omeprazole). Regarding Norco 10/325 MG Quantity 60, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Norco. Regarding Flexeril 7.5 MG Quantity 90, there is no documentation of acute exacerbation of chronic pain, short-term (less than two weeks) treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Flexeril. Regarding Omeprazole DR 20 MG Quantity 60, there is no documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG Quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Opioids Page(s): 91 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post cervical spine fusion, status post left shoulder surgery, right shoulder supraspinatus sprain/strain, right shoulder rotator cuff syndrome, left elbow ulnar nerve compression, right wrist carpal tunnel syndrome, and bilateral upper extremity radiculopathy. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Norco, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 MG Quantity 60 is not medically necessary.

Flexeril 7.5 MG Quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase

in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of status post cervical spine fusion, status post left shoulder surgery, right shoulder supraspinatus sprain/strain, right shoulder rotator cuff syndrome, left elbow ulnar nerve compression, right wrist carpal tunnel syndrome, and bilateral upper extremity radiculopathy. In addition, there is documentation of chronic pain. However, there is no documentation of acute exacerbation of chronic pain. In addition, given documentation of ongoing treatment with Flexeril, there is no documentation of short-term (less than two weeks) treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Flexeril. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 7.5 MG Quantity 90 is not medically necessary.

Omeprazole DR 20 MG Quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of status post cervical spine fusion, status post left shoulder surgery, right shoulder supraspinatus sprain/strain, right shoulder rotator cuff syndrome, left elbow ulnar nerve compression, right wrist carpal tunnel syndrome, and bilateral upper extremity radiculopathy. However, there is no documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Omeprazole DR 20 MG Quantity 60 is not medically necessary.