

Case Number:	CM14-0083764		
Date Assigned:	07/21/2014	Date of Injury:	07/29/2009
Decision Date:	08/26/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/05/2014

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: Occupational 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:

Per the records provided, this claimant has diagnoses of right shoulder pain with supraspinatus and subscapularis tendinosis, superior labral degeneration, neck pain and thoracic pain. As of June 24, the pain was 7 to 8 out of 10 on a numeric pain scale. With the medicine, it reportedly lowers to 4 out of 10. The medicines were Norco, Motrin, Flexeril, Biofreeze, Prilosec, and Cymbalta. There was also a psychiatric assessment from June 20 and several psychiatric follow on notes, indicating she was anxious and despondent. As of January 8, 2014, the medicines were also Norco, Motrin, Flexeril, Biofreeze, Prilosec and Cymbalta, so the records attest the usage is clearly long term. There was again was a January 24, 2014 note mentioning psychiatric issues. As of March 5, 2014 she had no adverse side effects from the medicines. There was an April 30, 2014 primary treating physician's progress note. At this point, the pain was somewhat increased. There however was no mention of objective, functional improvement out of the use of the medicines, improved work ability, or improved activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120 retrospective (4/30/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 Page(s): 88.

Decision rationale: In regards to the long term usage of opiate medicine, the MTUS poses several analytical questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in these records. There especially is no documentation of objective, documented functional improvement with the regimen. The request for long-term opiate usage is not medically certified per MTUS guideline review.

Flexeril 10mg #60 retrospective (4/30/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 Page(s): 41-42.

Decision rationale: The MTUS recommends Flexeril (Cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. In these records, however, the usage is clearly long term. Moreover, the addition of Cyclobenzaprine to other agents is not recommended. In this case also, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant and again, MTUS attests that long term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. This request is appropriately not medically certified based on MTUS review.

Prilosec 20mg #60 retrospective (4/30/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (Non-Steroidal Anti- Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 Page(s): 68.

Decision rationale: The MTUS speaks to the use of Proton Pump Inhibitors like in this case with the use of Prilosec, in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAID's against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). It is true she is on an NSAID called Motrin; however, sufficient gastrointestinal risks are not noted in these records. There is no documentation of peptic ulcer disease, GI bleeding, use of ASA, steroids, or anti-coagulants. The request is appropriately not medically necessary based on MTUS guideline review.

