

Case Number:	CM14-0090558		
Date Assigned:	07/23/2014	Date of Injury:	04/24/2000
Decision Date:	08/29/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/16/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 59-year-old female who reported injury on 04/24/2008. The mechanism of injury was not submitted in the report. The injured worker underwent right shoulder surgery in 1985. The injured worker complained of frequent moderate throbbing upper/mid back pain, stiffness and weakness. The injured worker also complained of left shoulder pain, heaviness, numbness, and weakness that radiated to the hand with weakness. The submitted documentation lacked any measurable levels of pain. Physical examination dated 07/03/2014 revealed that the injured worker's cervical spine range of motion had decreased and was painful. It was noted that the injured worker had a flexion of 35/50, extension of 50/60, left lateral bending of 40/45, right lateral bending of 35/45, left rotation 70/80, and right rotation 70/80. There was 3+ tenderness to palpation of the cervical paravertebral muscles. Shoulder depression caused pain bilaterally. Thoracic ranges of motion revealed decreased flexion of 30/45, left rotation of 20/30, and right rotation 20/30 all with pain. There was +3 tenderness to palpation of the thoracic paravertebral muscles. Kemp's test caused pain bilaterally. Lumbar ranges of motion were decreased and painful with a flexion of 40/60, extension 5/25, left lateral bending 15/25, and right lateral bending 15/25. There was 3+ tenderness to palpation of the lumbar paravertebral muscles, bilateral S1 joints, and bilateral gluteus. Kemp's test caused pain bilaterally. Left shoulder ranges of motion were decreased and painful with a flexion of 150/180, extension of 40/50, abduction of 150/180, adduction of 30/40, internal rotation of 60/80, and external rotation of 75/90. There was 3+ tenderness to palpation over the anterior shoulder, posterior shoulder, and lateral shoulder. Right shoulder ranges of motion were decreased and painful with a flexion of 150/180, extension of 40/50, abduction of 155/180, adduction of 30/40, internal rotation of 65/80, and an external rotation of 75/90. There was 3+ tenderness to palpation of the anterior shoulder, posterior shoulder, and lateral shoulder. Diagnostics on the injured worker include

MRIs, EMG/NCV, and UAs. Urinalysis dated 07/09/2014 revealed that the injured worker was inconsistent with prescription medications. The injured worker has diagnoses of cervical disc protrusion, disc desiccation, stenosis, cervical muscle spasm, thoracic sprain/strain, lumbar sprain/strain, lumbar myospasm, left shoulder supraspinatus tear, right shoulder aggravated pain status post prior surgery in 1985, upper abdominal pain, bilateral carpal tunnel syndrome, loss of sleep secondary to pain, and psych component. The injured worker past treatment consist of physical therapy, home exercise program, and medication therapy. Medications include Flexeril, Norco 5/325, omeprazole, Mentherm, and gabapentin 600 mg. The duration, frequency, and dosage were not submitted for these medications. The treatment plan is for the injured worker to attend physical therapy 3 times a week for 4 weeks, follow-up with the ortho surgeon, spinal surgeon, and pain management, and to continue medications which include Norco 5/325, Flexeril, and omeprazole. The rationale was not submitted for review. The request for authorization form was submitted on 05/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, page 75, On-Going Management, page 78 and Opioids for chronic pain, page 80 Page(s): 75, 78, 80.

Decision rationale: The request for Norco 5/325mg is non-certified. The injured worker complained of frequent moderate throbbing upper/mid back pain, stiffness and weakness. The injured worker also complained of left shoulder pain, heaviness, numbness, and weakness that radiated to the hand with weakness. The submitted documentation lacked any measurable levels of pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that opioids appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. California MTUS guidelines also indicate that the use of drug screening is for patients with documented issue of abuse, addiction, or poor pain control. MTUS guidelines also state that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The documentation submitted for review indicated that the Norco was helping the injured worker. However, there was no quantified information regarding pain relief. There was also no assessment regarding current pain on a VAS, average pain, intensity of pain, or longevity of pain. There was a lack of documentation regarding consistent urine drug screens and the 1 urine

drug screen that was submitted on 07/09/2014 revealed that the injured worker was not in compliance with the prescription medications. In addition, there was no mention of a lack of side effects. Given the above, the request for Norco 5/325 is not supported by the California MTUS. Furthermore, the request did not stipulate a duration or frequency of the Norco. As such, the request is non-certified.

Flexeril: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), page(s) 41, 64 Page(s): 41, 64.

Decision rationale: The request for Flexeril is non-certified. The injured worker complained of frequent moderate throbbing upper/mid back pain, stiffness and weakness. The injured worker also complained of left shoulder pain, heaviness, numbness, and weakness that radiated to the hand with weakness. The California MTUS states that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2-3 weeks. The request submitted did not specify the dosage, duration, and the frequency of the medication. There was no assessment regarding function improvement as a result of the medication. In addition, there was no mention of a lack of side effects. It was noted in the report that the medication helped with deficits the injured worker had, but as per guidelines Flexeril is not recommended for long-term use. Given the above, the request for ongoing use of Flexeril is not supported by the California Medical Treatment Utilization Schedule Guidelines. As such, the request for Flexeril is non-certified.

Omeprazole: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs and Gastrointestinal Symptoms.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs (Omeprazole) Page(s) 68-69 Page(s): 68-69.

Decision rationale: The request for Omeprazole is non-certified. The injured worker complained of frequent moderate throbbing upper/mid back pain, stiffness and weakness. The injured worker also complained of left shoulder pain, heaviness, numbness, and weakness that radiated to the hand with weakness. The California MTUS Chronic Pain Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitor is also supported for patients taking NSAIDs medications who have cardiovascular disease or significant risk factors for gastrointestinal events. The submitted report lacked any evidence that the injured worker was taking any

NSAIDS. Furthermore, there was no documentation indicating that she had complaints of dyspepsia with the use of medication, cardiovascular disease, or significant risk factors for gastrointestinal events. In the absence of this documentation, the request is not supported by the evidence based guidelines. Additionally, the request failed to include the frequency, duration, and dosage of the medication. As such, the request for omeprazole is non-certified.