

Case Number:	CM14-0093610		
Date Assigned:	07/25/2014	Date of Injury:	03/11/2012
Decision Date:	09/23/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/20/2014

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 & 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 64-year-old male who reported injury on 03/11/2012. He reportedly sustained injuries to his cervical spine and right shoulder. The injured worker's treatment history included medications, MRI studies, physical therapy, and a functional capacity evaluation. The injured worker was evaluated on 06/05/2014, and it was documented that the injured worker complained of back pain. The pain was rated at 7/10 on the pain scale. The provider noted the injured worker was going to 12 approved sessions of physical therapy; however, he stopped going because he didn't like what they were doing there. Physical examination of the shoulder contour was normal. There was tenderness at the anterior and posterior of the shoulders. Impingement sign was positive. O'Brien's sign was positive. Diagnoses included rotator cuff tear of the right shoulder. Medications included diclofenac sodium 100 mg, hydrocodone 10/325 mg, pantoprazole sodium 20 mg, and cyclobenzaprine 7.5 mg. The provider failed to indicate VAS measurements while the injured worker is on medications. The provider failed to indicate the injured worker having any gastrointestinal symptoms. The Request for Authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC SODIUM 100MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 & 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend that Diclofenac Sodium is used as a second line treatment after acetaminophen, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain (LBP). For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus Placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. There was lack of documentation of outcome measurements of conservative care measurements and home exercise regimen. In addition, the provider failed to indicate long-term functional goals for the injured worker. There was lack of documentation stating the efficiency of the Diclofenac Sodium for the injured worker. There was a lack of documentation regarding average pain, intensity of the pain and longevity of the pain after the Diclofenac Sodium taken by the injured worker. The request for Diclofenac Sodium did not include the frequency, quantity or duration. Given the above, the request for the Diclofenac Sodium 100 mg, # 60 is not medically necessary.

HYDROCODONE 10/325 MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NORCO Page(s): 75, 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency or duration of medication and no evidence of outcome measurements of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. The documentation submitted for review the injured worker was negative for Opioid usage. The request submitted given the above, the request for is not supported by the California Medical Treatment Utilization Schedule (MTUS) Guidelines recommendations. As such, the request is not medically necessary.

HYDROCODONE 10/325 MG, # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 75, 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency or duration of medication and there is a lack of evidence of outcome measurements of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. The documentation submitted for review the injured worker was negative for Opioid usage. The request submitted given the above, the request for is not supported by the California Medical Treatment Utilization Schedule (MTUS) Guidelines recommendations. As such, the request is not medically necessary.

PANTOPRAZOLE SODIUM 20MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68,69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, Protonix/Pantoprazole Sodium is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The provider failed to submit medications for the injured worker. The documentation provided did not indicate that the injured worker was having gastrointestinal events. In addition, the request lacks the frequency of the medication for the injured worker. Given the above, the request for Pantoprazole Sodium 20 mg # 60 is not medically necessary.

CYCLOBENZAPRINE 7.5MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 63.

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

Decision rationale: According California (MTUS) Chronic Pain Medical Guidelines recommends Flexeril as an option, using a short course therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; 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. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to

report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is closely related to the tricyclic antidepressants and amitriptyline. The documentation submitted lacked outcome measurements of conservative such as, prior physical therapy sessions and medication pain management. There was lack of documentation provided on his long term-goals of functional improvement of his home exercise regimen. In addition, the request lacked frequency and duration of the medication. As, such, the request for Cyclobenzaprine 7.5 mg # 90 is not medically necessary.