

Case Number:	CM14-0094760		
Date Assigned:	09/15/2014	Date of Injury:	01/20/2012
Decision Date:	10/29/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/23/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 39-year-old man who sustained a work related injury on January 20, 2012. Subsequently, he developed neck, right shoulder, and low back pain. MRI of the cervical spine dated October 15, 2012 as negative. MR arthrogram of the right shoulder dated February 15, 2013 showed osteoarthritis and tendinosis. The patient underwent surgical repair of the right shoulder on May 15, 2013. MR arthrogram of the right shoulder dated August 19, 2013 showed intact rotator cuff and a previous anterior superior labrum repair. MRI of the lumbar spine dated October 4, 2012 showed a dehydrated L5-S1 disc with tiny dorsal disc protrusion and a subtle annulus fissure. EMG study of the right upper extremity from February 11, 2013 was within normal limits. Based on the progress report dated April 22, 2014, the patient complained of persistent neck, right shoulder, and low back pain. He continued to be bothered by the right upper extremity RSD symptoms. No positive response to the ganglion blocks that were done. Patient was given Duragesic patches but he was unable to tolerate them. According to the patient, Norco gave him the most adequate pain relief with the least side effects. His physical examination revealed ongoing hypersensitivity, edema, and slight very mild discolorations of right upper extremity from the shoulder to the hand. He has ongoing tenderness to cervical and lumbar paraspinal muscles with reduced range of motion. Her neurological examination was not focal. The patient was diagnosed with chronic neck pain, chronic regional pain syndrome on the right upper extremity following his second right shoulder surgery, chronic low back pain, and RSD of right upper extremity after surgical repair. The provider requested authorization for Naprosyn, Flexeril, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Naprosyn 550 mg. PO (by mouth) BID (two times per day), # 60, DOS: 4/22/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory drugs) Page(s): Pages 70,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON SELECTIVE NSAIDS Page(s): 72.

Decision rationale: Naproxen (Naprosyn): delayed release (EC-Naprosyn), as Sodium salt (Anaprox, Anaprox DS, Aleve [otc]) Generic available; extended-release (Naprelan): 375 mg. Different dose strengths and formulations of the drug are not necessarily bioequivalent. Dosing Information: Osteoarthritis or ankylosing spondylitis: Dividing the daily dose into 3 doses versus 2 doses for immediate-release and delayed-release formulations generally does not affect response. Morning and evening doses do not have to be equal in size. The dose may be increased to 1500 mg/day of naproxyn for limited periods when a higher level of analgesic/anti-inflammatory activity is required (for up to 6 months). Naprosyn or naproxyn: 250-500 mg PO twice daily. Anaprox:275-550 mg PO twice daily. (total dose may be increased to 1650 mg a day for limited periods). EC-Naprosyn: 375 mg or 500 mg twice daily. The tablet should not be broken, crushed or chewed to maintain integrity of the enteric coating. Naprelan: Two 375 mg tablets (750 mg) PO once daily or two 500 mg tablets (1000 mg) once daily. If required (and a lower dose was tolerated) Naprelan can be increased to 1500 mg once daily for limited periods (when higheranalgesia is required). Pain: Naprosyn or naproxyn: 250-500 mg PO twice daily. The maximum dose on day one should not exceed 1250 mg and 1000 mg on subsequent days.NSAID should be used for the shortest duration and the lowest dose. There is no documentation from the patient file that the provider titrated Naprosyn to the lowest effective dose and used it for the shortest period possible. Furthermore, there is no documentation that the provider followed the patient for NSAID adverse reactions that are not limited to GI side effect, but also may affect the renal function. There is also concern about the limited effectiveness of previous use of Naprosyn. Therefore, the request for Naprosyn 550 mg #60 is not medically necessary.

Retrospective request for Flexaril 10 mg. BID (two times per day) PRN (as needed) # 60; DOS: 4/22/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasmodics Page(s): Page: 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

Decision rationale: According to MTUS guidelines, Flexeril, a non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged

use may cause dependence. There is no recent documentation of pain and spasticity and no clear justification of continuous use of Flexeril. Therefore the request for authorization FLEXERIL 10 MG, # 60 is not medically necessary.

Retrospective request for Norco 10/ 325 mg. 8 times a day # 240, DOS: 4/22/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): Pages: 70,73, 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 179.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (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>There is no documentation of functional and pain improvement with previous use of opioids. There is no documentation of continuous compliance of patient to his medications. Therefore, the prescription of Norco 10/325 mg #240 is not medically necessary.