

Case Number:	CM13-0012604		
Date Assigned:	03/10/2014	Date of Injury:	12/12/2009
Decision Date:	01/27/2015	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/12/2013

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 Rehab, has a subspecialty in Interventional Spine, 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 patient is a 36-year-old male with date of injury of 12/12/2009. The listed diagnoses from 05/23/2013 are: 1. Other specified disorders of the bursae and tendons of the shoulder region 2. Disorders of the bursae and tendons of the shoulder 3. Articular cartilage disorder involving the forearm According to this report, the patient complains of left hand and wrist pain. He states that he has returned to work with restrictions but was terminated. The patient rates his pain 4/10. The examination shows persistent weakness of his left shoulder. Positive impingement sign. No other findings were noted on this report. Treatment reports from 01/07/2013 to 05/23/2013 were provided for review. The utilization review denied the request on 07/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE APAP 10/325 MILLIGRAMS #60 FOR LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids; on-going management Page(s): 88-89, 78.

Decision rationale: This patient presents with left hand and wrist pain. The treater is requesting HYDROCODONE/APAP 10/325 MG QUANTITY 60 FOR THE LEFT SHOULDER. For

chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The medical records show that the patient was prescribed hydrocodone on 01/07/2013. The 04/01/2013 report shows that the patient continues to complain of left wrist pain that gets swollen. He also states that his left shoulder is painful. The patient rates his pain 5/10. In this case, the treater has provided a pain scale to denote the patient's current pain; however, none of the reports discuss the efficacy of this medication. No before and after pain scales were provided to show analgesia, no specifics regarding ADL's were discussed. The treater does not provide significant functional improvement, no side effects were discussed, and no aberrant drug seeking behavior such as a urine drug screen and CURES report were provided. The request IS NOT medically necessary.

DICLOFENAC NA 100MG #60 FOR THE LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 60-61; 22.

Decision rationale: This patient presents with left hand and wrist pain. The treater is requesting DICLOFENAC NA 100 MG QUANTITY 60 FOR THE LEFT SHOULDER. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient was prescribed diclofenac on 01/07/2013. In the same report, the treater states, "He was dispensed the following medications to help alleviate his symptoms" Other than this statement, none of the reports document medication efficacy as it relates to the use of diclofenac. Given the lack of functional improvement while utilizing this medication, the request IS NOT medically necessary.

PANTOPRAZOLE SOD DR 20MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 68 and 69.

Decision rationale: This patient presents with left hand and wrist pain. The treater is requesting PANTOPRAZOLE SOD DR 20 MG QUANTITY 60. The MTUS Guidelines page 68 and 69 on

NSAIDs, GI symptoms, and cardiovascular risks states, " Determine if the patient is at risk for gastrointestinal events: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI."The records show that the patient was prescribed pantoprazole on 01/07/2013. None of the reports mention gastrointestinal events and the treater does not discuss it either. It appears that the treating physician is requesting a prescription for pantoprazole in conjunction with the prescription for Diclofenac (NSAID). MTUS does not support the routine use of PPI's without any discussions of gastrointestinal events or G.I. risk assessment. The request IS NOT medically necessary.

CYCLOBENZPRINE 7.5MG #90 MUSCLE SPASM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63, 64.

Decision rationale: This patient presents with left hand and wrist pain. The treater is requesting CYCLOBENZAPRINE 7.5 MG QUANTITY 90 FOR MUSCLE SPASMS. The MTUS guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants (amitriptyline). This medication is not recommended to be used for longer than 2 to 3 weeks. The records show that the patient was prescribed cyclobenzaprine on 01/27/2013. In this case, long-term use of cyclobenzaprine is not supported by the MTUS guidelines. The request IS NOT medically necessary.